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The 1997 Survey about Health and the Health System in Alberta

Conducted by the
Population Research Laboratory
University of Alberta

Report Prepared by

Herbert C. Northcott, Ph.D.
Social Science Consulting
and
Benjamin R. Northcott

for
Alberta Health

June 1997

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Table of Contents

1	INTRODUCTION	1
2	METHODS	3
2.1	Survey Instrument	3
2.2	Changes in Regional Health Authority Boundaries	3
2.3	Sampling	4
2.4	Response Rate	5
2.5	Data Collection	5
3	PROFILE OF RESPONDENTS	8
4	OVERVIEW OF RESPONSES TO KEY QUESTIONS	12
4.1	Health Status	12
4.2	Overall Rating of Health	12
4.3	Availability of Health Services	12
4.4	Cost of Health Services	12
4.5	Personal Ability to Obtain Needed Services	12
4.6	Quality of Services	12
4.7	Quality of Care	12
4.8	Satisfaction With Health Services	12
5	SELF-REPORTED HEALTH STATUS AND HEALTH NEEDS	24
6	BEHAVIOURAL AND LIFESTYLE CONTRIBUTORS TO HEALTH	32
7	THE FAMILY'S CONTRIBUTION TO HEALTH CARE	38
8	AVAILABILITY AND ACCESS TO HEALTH CARE SERVICES	47
9	FACTORS TO REDUCE HEALTH NEEDS	50
10	INFORMATION RECEIVED FROM HEALTH CARE PROVIDERS AND KNOWLEDGE OF THE HEALTH CARE SYSTEM	58

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Table of Contents

1 INTRODUCTION	1
2 METHODS	1
2.1 Survey Instrument	1
2.2 Changes in Regional Health Authority Boundaries	3
2.3 Sampling	3
2.4 Response Rate	5
2.5 Data Collection and Analysis	7
3 PROFILE OF RESPONDENTS	8
4 OVERVIEW OF RESPONSES TO KEY MEASURES	15
4.1 Health Status	16
4.2 Overall Rating of Health System	18
4.3 Availability of Services in the Community	20
4.4 Ease of Access	22
4.5 Percent Unable to Obtain Needed Services	24
4.6 Quality of Services in the Community	26
4.7 Quality of Services Personally Received	28
4.8 Satisfaction With Health System	32
5 SELF-REPORTED HEALTH STATUS AND HEALTH NEEDS	34
6 BEHAVIOURAL AND LIFESTYLE CONTRIBUTIONS TO HEALTH	38
7 THE FAMILY'S CONTRIBUTION TO HEALTH CARE	44
8 AVAILABILITY AND ACCESSIBILITY OF HEALTH CARE SERVICES	47
9 FAILURE TO RECEIVE NEEDED CARE	50
10 INFORMATION RECEIVED FROM HEALTH CARE PROVIDERS AND KNOWLEDGE OF THE HEALTH CARE SYSTEM	56

11 SATISFACTION WITH THE HEALTH CARE SYSTEM	59
12 THE RELATIONSHIP BETWEEN NEED FOR HEALTH CARE SERVICES AND RATINGS OF THE HEALTH CARE SYSTEM	66
APPENDIX A - QUESTIONNAIRE	80

1 Introduction

The 1997 Survey About Health and the Health System in Alberta follows similar surveys conducted previously in 1996 and 1995. In both the 1997 and 1996 surveys, Alberta Health contracted the Population Research Laboratory (PRL) at the University of Alberta to conduct a survey of 4000 adult Albertans. The purpose of the surveys was to obtain the views of the public on the performance of the health system in Alberta.

The 1997 survey questionnaire was administered to a stratified sample of Albertans in each of the province's seventeen health regions. The PRL's twenty station computer assisted telephone interviewing system was used to conduct the survey which took place between May 1 and May 26, 1997. This report details the key findings from the survey.

2 Methods

2.1 Survey Instrument

Alberta Health established a number of key objectives for the survey instrument. The survey was to assess:

- self-reported health status and health needs.
- behavioural and lifestyle contributions to health.
- the family's contribution to health care.
- availability and accessibility of health care services.
- failure to receive needed care.
- information received from health care providers.
- satisfaction with the health care system.
- knowledge of health services.
- health care insurance coverage.
- involvement in decision-making.

- variation by age, gender, and health region.
- changes from 1996 to 1997.

The 1997 survey follows a similar survey conducted in 1996. In order to allow comparison with the data collected in the previous year, it was necessary, wherever possible, to replicate the questions exactly as they were asked in 1996. In addition, three questions from 1996 were dropped, while a number of new questions were added in 1997. Some of the survey questions in both 1997 and 1996 were similar to those asked in large scale health studies conducted by Statistics Canada and Health Canada, permitting national comparison of results with existing and forthcoming data sets.

A draft form of the 1997 survey instrument was developed as the result of discussions between Alberta Health and the PRL. This instrument was formatted for use in the PRL's computer assisted telephone interviewing (CATI) system, and then pretested on a random sample of fifty-two Albertans on April 22, 1997. The purpose of the pretest was to assess the questionnaire for clarity, for ability to generate a strong response rate, and to test the programming of the CATI system. On the basis of the results from the pretest, minor changes were made to the questionnaire in order to better meet the needs of Alberta Health. The complete survey questionnaire is in Appendix A of this report.

The final questionnaire contained the following notable changes from 1996:

- Questions were added in the 1997 survey to assess respondents' knowledge of health services (questions 11 through 13 and 15).
- In the 1997 survey, respondents who had received health care services in the past 12 months were asked how these services had affected their health (question 16d). These respondents were also asked if they had wanted to make a complaint about health services that they had received during the past year (question 17a). Respondents who did make a complaint were asked "How satisfied were you with the response to your complaint?" (question 17d) while respondents who wanted to make a complaint, but did not, were asked "Why did you not make a complaint to someone in the health system?" (question 17e).

- In the 1997 survey, a question was added to assess how involved the respondent was in decisions about health care services received (question 19).
- In the 1997 survey, a series of questions were added to assess health care insurance coverage, insurance for dental services, and insurance for prescription drugs (questions 27 through 33).

2.2 *Changes in Regional Health Authority Boundaries*

Four regional health authorities had different boundaries in 1997 compared to 1996. The Siksika Indian Reserve was transferred from the Palliser RHA (#2) to Health Authority 5 and the County of Strathcona was transferred from the Lakeland RHA (#12) to the Capital RHA (#10). The data from the 1996 survey have been adjusted to reflect current boundaries.

2.3 *Sampling*

The delivery of public health care in Alberta is devolved to seventeen health regions, which vary greatly in size and demographics. In order to provide accurate information to the seventeen regions, it was important that each region obtain sufficiently detailed data.

It was decided that a minimum of 100 interviews should be conducted in each of the regions. This sample size provides an approximate accuracy level of $\pm 10\%$, nineteen times out of twenty. The four health regions with the smallest populations were each assigned the minimum of 100 interviews.

In accordance with the methodology used in 1996, the remaining sample of 3600 was divided between the remaining 13 regions. The formula used to divide the sample was to allocate survey quotas proportionate to the square root of the populations 18 years of age and older in each of the regions, using 1996 Alberta Health Registration Population data provided by Alberta Health.

In order to conduct valid analysis of the all-Alberta data, the responses from the various health regions were weighted appropriately. Thus, for example, although 100 interviews were conducted in the Northwestern Health region, the adult population of that region represents only approximately 20/4000 of the total adult population of Alberta (meaning that in a proportionate sample, only 20 interviews would have been assigned to this region). The responses from the 100 surveys conducted in that region were merged into the full Alberta data with a weight of 0.20. The calculation resulted in the following breakdown of actual surveys and weighted samples between regions:

Region	Sample size	Weighted sample	Region	Sample size	Weighted sample
1 - Chinook	265	205.85	10 - Capital	620	1129.68
2 - Palliser	204	124.61	11 - Aspen	195	112.76
3 - Headwaters	181	98.06	12 - Lakeland	222	145.34
4 - Calgary	648	1242.74	13 - Mistahia	201	117.64
5 - Health Authority 5	158	75.52	14 - Peace	100	27.79
6 - David Thompson	293	251.58	15 - Keeweenok L.	100	31.74
7 - East Central	223	147.62	16 - Northern Lights	100	49.79
8 - WestView	202	120.13	17 - Northwestern	100	20.21
9 - Crossroads	188	101.94			
			TOTAL	4000	4000

The weights attached to the data from each region for all-Alberta analysis purposes are as follows:

Region	Weighting multiplier	Region	Weighting multiplier
1 - Chinook	0.7768091452	10 - Capital	1.8220614411
2 - Palliser	0.6108286050	11 - Aspen	0.5782375308
3 - Headwaters	0.5417475188	12 - Lakeland	0.6547061653
4 - Calgary	1.9178139219	13 - Mistahia	0.5852749848
5 - Health Authority 5	0.4589802717	14 - Peace	0.2779077858
6 - David Thompson	0.8586409281	15 - Keeweenok Lakes	0.3173767110
7 - East Central	0.6619560013	16 - Northern Lights	0.4978863457
8 - WestView	0.5947049801	17 - Northwestern	0.2021001602
9 - Crossroads	0.5422499830		

Based on the population estimates for each region, quotas were established for the number of interviews to be conducted with persons of specific age and gender for each of the regions. This sampling method assures proportional representation for age and gender groups which might be underrepresented in a fully random sample. Typically, underrepresented groups would include young people, especially males, and the elderly. Young people are less likely to be home and available for an interview, while some elderly Albertans take extended vacations or are living in residential facilities and may not be accessible through a random digit dialing approach. The full quota table is reproduced below:

Quota Table By Health Region, Gender, and Age																		
Age	Sex	Region																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
18 -	M	20	14	13	40	11	20	14	14	13	40	14	16	16	7	9	8	11
24	F	19	14	12	40	10	20	14	14	12	41	13	15	15	7	9	8	11
25 -	M	54	45	42	161	33	66	45	49	42	144	44	45	49	24	26	28	27
44	F	54	44	42	161	33	66	45	48	42	145	43	49	47	22	25	28	25
45 -	M	35	26	24	85	22	39	31	30	27	83	28	31	27	14	12	14	11
64	F	35	26	23	84	21	38	30	27	25	82	25	30	24	13	11	11	9
65 -	M	12	9	7	22	8	12	11	7	8	23	9	10	7	4	3	1	2
74	F	14	11	7	25	8	13	12	6	8	27	8	10	7	4	2	1	2
75 -	M	9	6	4	11	5	8	9	3	5	13	5	7	4	2	1	0	1
plus	F	13	9	7	19	7	11	12	4	6	22	6	9	5	3	2	1	1

A random digit dialing approach was used within each health region to contact respondents. This method ensures that a random sample of Albertans is selected. The PRL uses its databank of Alberta telephone numbers to identify which telephone banks (the first five digits of the seven digit telephone number) in each health region (xxx-xyyy) are in operation. A simple program is then used to randomize the last two digits (yy) in each bank. The resultant output is loaded into the CATI system, which randomly allocates these numbers to the various interviewing stations. In order to assure accurate allocation of respondent to health region, each respondent was asked to indicate their residential postal code, which was matched against a list of postal codes by health region.

As with any telephone-administered survey, certain categories of resident are excluded. These would include all those living in a household without a telephone, many of those living in long-term care facilities, and persons residing in correctional facilities. Estimates suggest that approximately 97% of Canadians can be reached by a telephone survey.

2.4 Response Rate

One important factor in ensuring the reliability of data collected through random digit dialing surveys is the response rate achieved for the survey. Certain groups of potential respondents are less likely to be available for a telephone interview than others. While the stratified sample used in this survey compensates for age and gender bias, other potential biases can only be addressed by assuring the highest possible response rate. For example, unemployed, sick, and disabled persons may be more likely to be at home and therefore will tend to be overrepresented in a random survey with low response rate.

The PRL uses two methods to improve response rate. First, telephone numbers allocated by the CATI system were redialed at least twelve times at different times of the day before they were coded as "no response". This increased the likelihood of securing an interview with busy individuals. Second, the PRL employs specially trained and experienced "refusal interviewers" to "convert" potential respondents' initial refusals to agreement to participate.

Different methods are used to calculate response rates. The 1996 survey reported two different calculations of the response rate. The first calculation uses the following formula:

Response rate =

$$\frac{\text{\# of completed interviews}}{\text{\# of completed interviews plus \# refused plus \# incompletes plus \# language barrier}}$$

Using this formula, the following comparison of response rates is obtained for the 1997, 1996, and 1995 surveys:

	1997	1996	1995
Completed	4000	4000	4000
Refused	961	1125	3089
Incomplete	31	29	125
Language barrier	117	81	205
Response rate	78.3%	76.4%	53.9%

Normally, the Population Research Laboratory uses the following method for calculating the response rate in its surveys. A number of categories of uncompleted call dispositions, which are disregarded in the above formula, are incorporated in the following formula. This calculation will show a lower response rate than the above calculation. The formula used by the PRL follows, using disposition codes from the disposition table below.

Response rate =

$$\frac{\text{\# of completed interviews}}{\text{\# of completed interviews plus disposition codes 1-4,6-10,13,14,20}}$$

Using this method, the response rate for the 1997 survey is 60.8%, similar to the 1996 response rate of 61.4%.

CATI Disposition	Final Outcome of Call Attempt	1996 Frequency	1997 Frequency
1	No answer *	748	932
2	Busy *	44	25
3	Answering machine *	248	225
4	Completed Interviews	4000	4000
5	Line Trouble *	53	32
6/14	Respondent not home / household residents away	88	148
7	Callback - Time specified *	155	136
8/13/20	Initial refusals/Final Refusals/Refusal Callbacks	1125	961
9	Incomplete interviews	29	31
10	Language problems	81	117
11	Not in service	4431	5159
12	Business / Fax	2956	3681
15	Disposition not used in CATI system	N/A	N/A
16	2 nd residence	34	24
17	Outside calling area (region)	112	0
18	Disposition not used in CATI system	N/A	N/A
19	Quota filled	2353	3544
	TOTAL TELEPHONE NUMBERS ALLOCATED	16457	19015
	* Minimum 12 callbacks made to household		

2.5 *Data Collection and Analysis*

The PRL conducted data collection from its central research facility at the University of Alberta in Edmonton. Interviewing took place from May 1 to May 26, 1997. Interviewing was scheduled from 9 a.m. until 9:30 p.m. on weekdays, and from 9:30 a.m. until 9:30 p.m. on weekends.

After an initial blanket coverage of interviewing in the weekday daytime, interviewing schedules were concentrated in the weekday evening and weekend time periods. An experienced telephone interview supervisor monitored the work of the interviewers, and validated 10% of surveys. As is the practice of the PRL, a small oversample of interviews (116) was completed, which would be of use if any of the 4000 surveys did not pass the data verification phase. It was not necessary to use data from the oversample.

Data collected were automatically tabulated using the features of the PRL's CATI system. The data were imported into the SPSS-Windows system employed by the PRL for data analysis. The data were analyzed for wild codes and inconsistencies, and "other" open-ended responses were coded where feasible.

For purposes of province-wide analysis, weights were assigned as mentioned above. The weights are not used when the analysis focuses on separate health regions or on the characteristics of the sample itself. The weights are used when the analysis focuses on the province as a whole. A set of weighted province-wide responses was provided to Alberta Health along with 17 separate sets of unweighted frequencies for each of the health regions. The data were also provided to Alberta health in machine-readable form.

For the purpose of this report, frequency distributions and cross-tabulations were drawn from the responses to the various questions. The results of these analyses are reported in the text of the report.

3 *Profile of Respondents*

Unweighted data were used to provide a profile of the participants in the survey. The numbers of males and females interviewed were almost equal (see Figure 1). The average respondent was between 25 and 44 years of age (see Figure 2). Figure 3 shows that 95% of respondents indicated that their household was made up of 1 to 5 persons, including children, and that median household size was 3. Median household income in 1996 was \$45,000-49,999 before taxes. The typical respondent had completed high school and had obtained some post-secondary education.

Virtually all (96%) of the participants in the survey indicated that they were registered in the Alberta Health Care Insurance Plan. Three percent (3%) said that they were not registered while 1% said they did not know if they were registered. Of the 168 respondents who said that they were not registered (n=120) with Alberta Health or did not know if they were registered (n=48), 81 (48%) said that they had other health insurance, 69 (41%) said that they did not have any insurance, and 18 (11%) said that they did not know if they had insurance.

Sixty-one percent (61%) of the participants in the survey indicated that they had insurance for dental services. Sources of dental insurance (some had more than one source) included place of employment (82%), government-funded plan or program (21%), personal purchase (12%), and other sources (4%). Respondents without dental insurance said that it was not available (28%), was too costly (33%), and/or respondent chose not to purchase insurance (34%).

Seventy-two percent (72%) of the participants in the survey indicated that they had insurance for prescription drugs. Sources of prescription drug insurance (some had more than one source) included place of employment (67%), government-funded plan or program (28%), personal purchase (16%), and other sources (4%). Respondents without prescription drug insurance said that it was not available (27%), was too costly (28%), and/or respondent chose not to purchase insurance (40%).

Figure 4 reveals that one in three respondents in 1997 could correctly name the health region in which they lived. This is an improvement over 1996 when only one in four respondents could correctly name their health region. The percentage of respondents who could correctly name their health region ranged from a low of 18% (WestView Regional Health Authority) to a high of 68% (Mistahia Regional Health Authority).

Figure 1

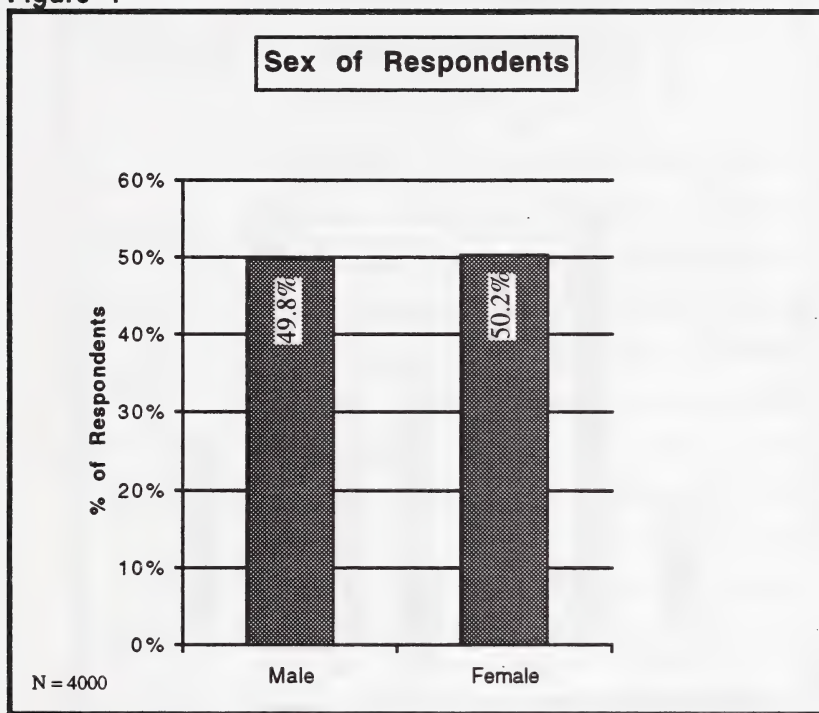


Figure 2

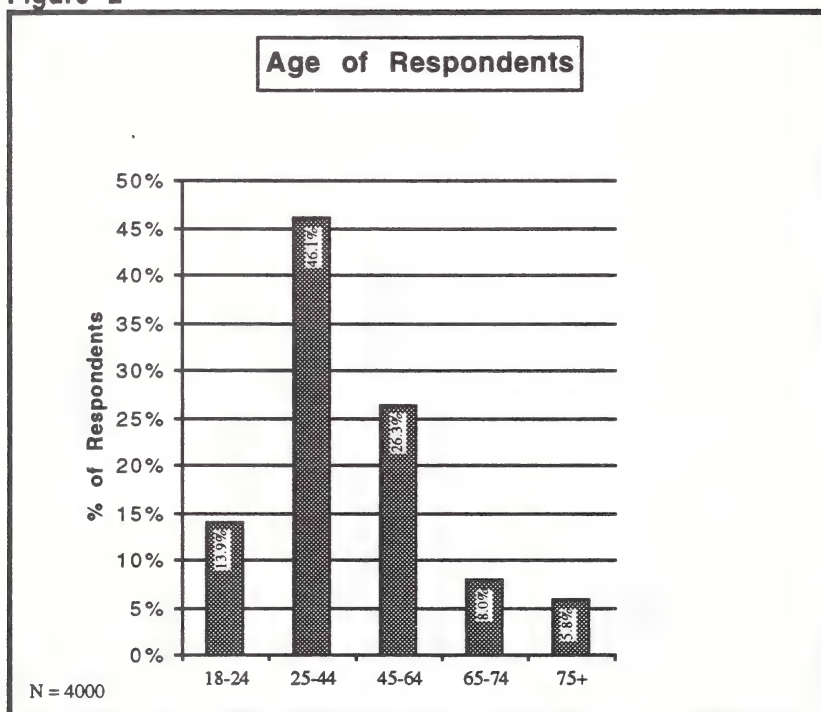


Figure 3

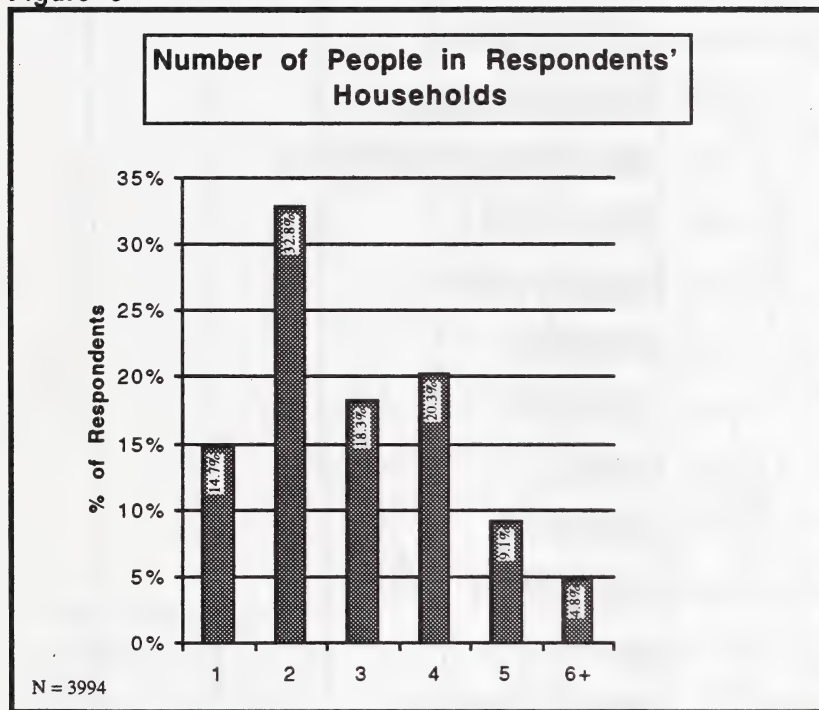
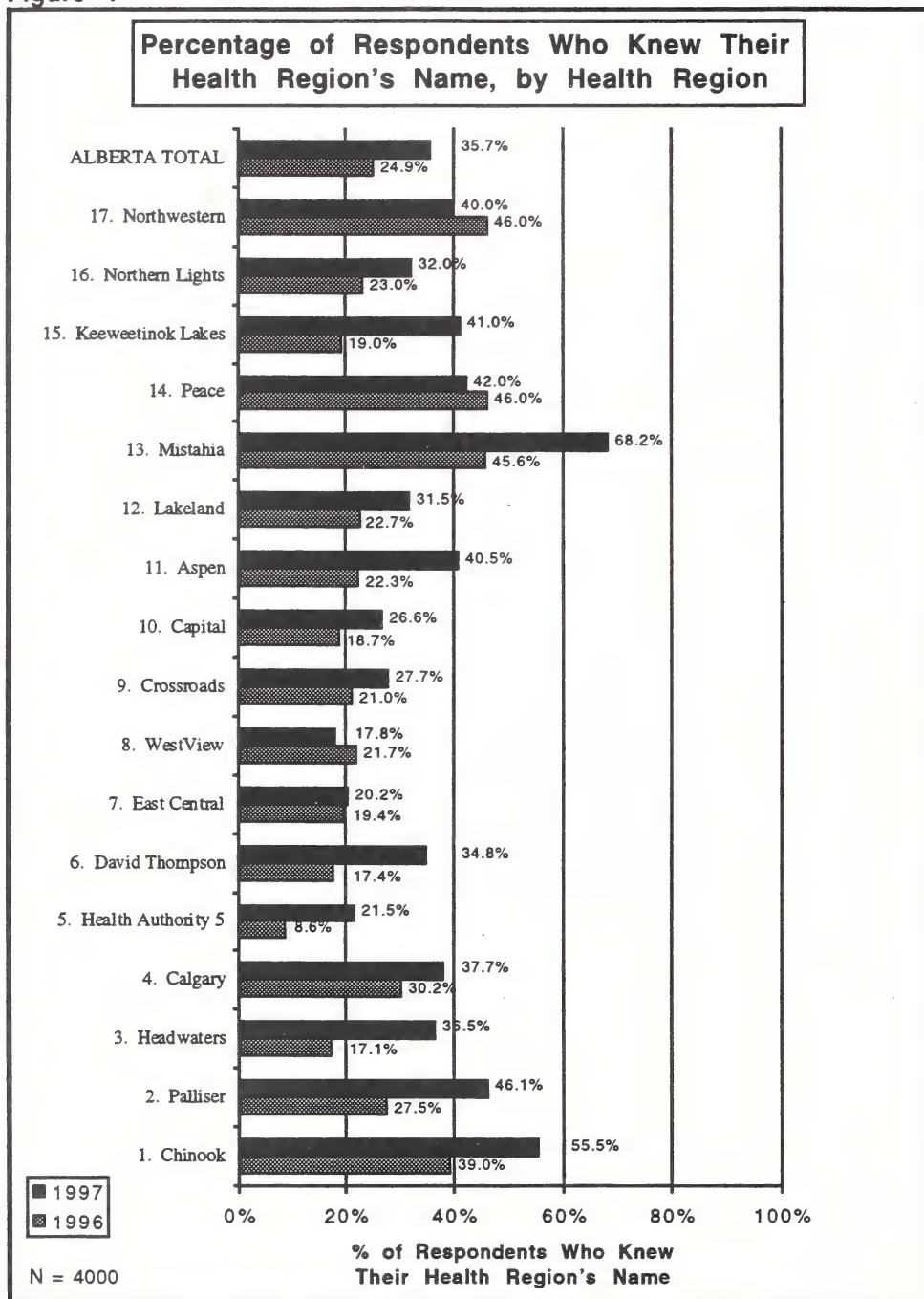
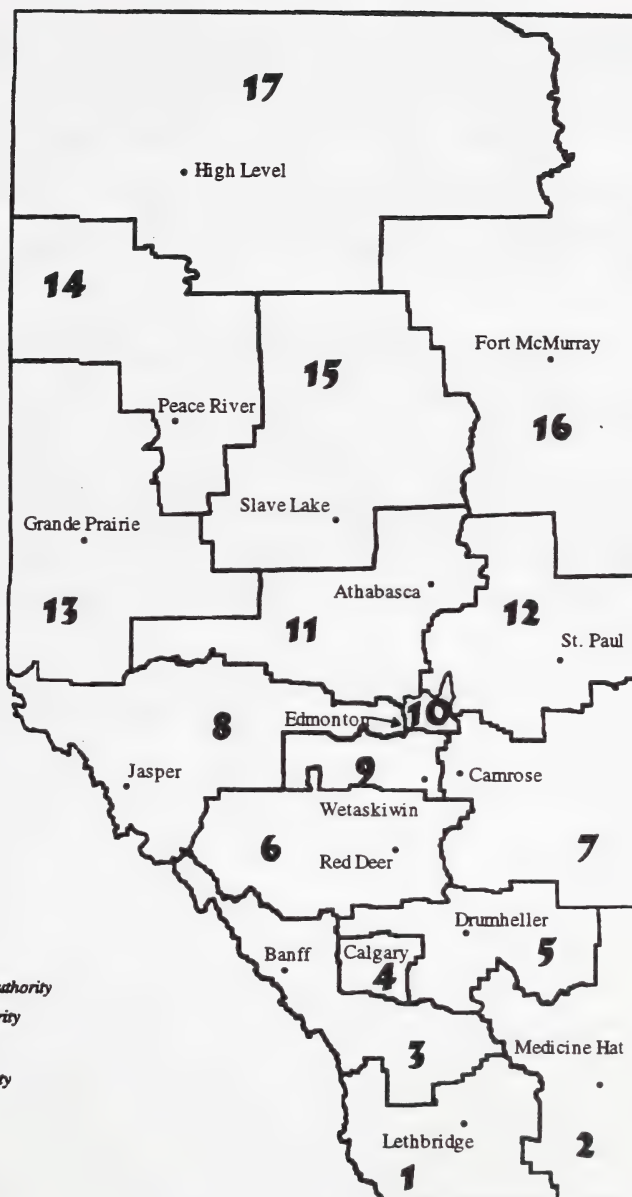


Figure 4



Alberta Health Regions



1. Chinook Regional Health Authority
2. Palliser Health Authority
3. Headwaters Health Authority
4. Calgary Regional Health Authority
5. Health Authority #5
6. David Thompson Regional Health Authority
7. East Central Regional Health Authority
8. WestView Regional Health Authority
9. Crossroads Regional Health Authority
10. Capital Health Authority
11. Aspen Regional Health Authority
12. Lakeland Regional Health Authority
13. Mistahia Regional Health Authority
14. Peace Regional Health Authority
15. Keeweenaw Regional Health Authority
16. Northern Lights Regional Health Authority
17. Northwestern Regional Health Authority

4 *Overview of Responses to Key Measures*

Key measures defined by Alberta Health included respondents' ratings of the health care system in Alberta, ratings of the availability of health care services in the community, ratings of the accessibility of health care services, percentages of respondents able/unable to obtain health services when needed, ratings of quality of health care services in community, ratings of quality of care personally received as well as ratings of the results of care received, and satisfaction with the health care system in Alberta. Figures 5 to 22 show the pattern of responses to the questions measuring key indicators for 1996 and 1997 and for each health region.

Percentages for the province as a whole were calculated using weighted data. Changes from 1996 to 1997 for Alberta as a whole were tested for statistical significance using the Chi-square statistic. Changes from 1996 to 1997 for each individual health region were not tested for statistical significance. (The decision to not test for statistical significance at the regional level was made because, at the .05 level of significance, approximately one health region per variable examined would show a statistically significant difference when in fact there was no real difference.) Finally, persons who did not respond to any given question were relatively few and were excluded from the analysis for both 1997 and 1996.

Additional detail on responses to key measures can be found in sections 5, 8, 9, 11, and 12 of this report.

4.1 Health Status

Figure 5 shows that the majority of respondents in 1996 and 1997 rated their health as either excellent or very good. These self-ratings of health did not change significantly from 1996 to 1997. In both years, about 1 in 4 said that their health was excellent while more than 1 in 3 said that it was very good. One in 4 said that their health was good, less than 10% said it was fair, and less than 4% rated their health as poor.

Figure 6 shows self-reported health status, by health region and year of survey (1996, 1997). Health status in the Calgary region was higher than the provincial average while health status in the Capital (Edmonton) region was average. Overall, 62.5% of Albertans rated their health as very good or excellent in 1997 (64.1% in 1996).

Figure 5

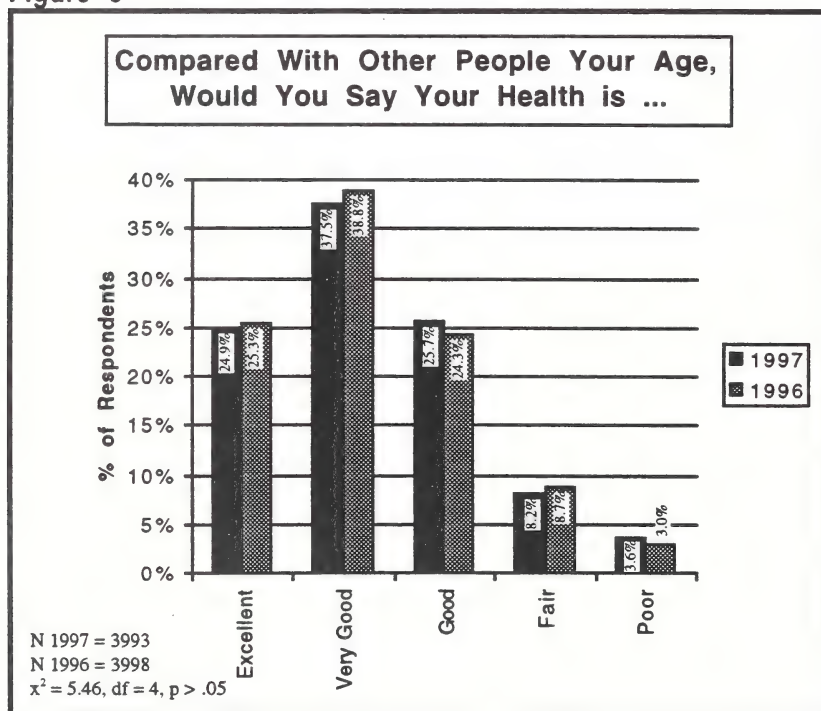
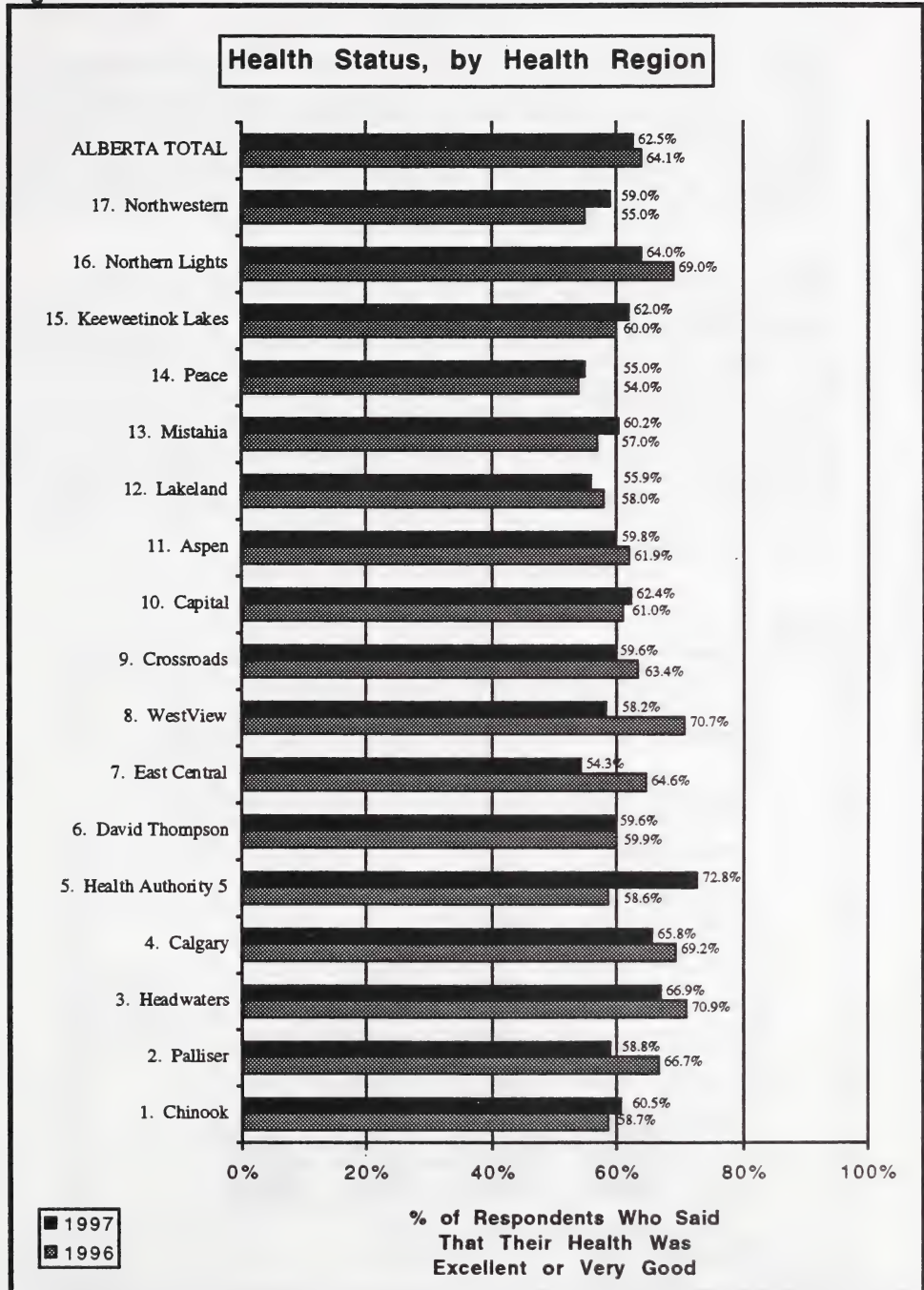


Figure 6



4.2 Overall Rating of Health System

Figure 7 shows that the majority of respondents in 1996 and 1997 rated the health care system in Alberta as either excellent or good. These ratings of the health care system did not change significantly from 1996 to 1997. Almost one-half of respondents selected good in both years. In 1997, 11.2% rated the health care system in Alberta as excellent, 48.9% rated it as good, 30.8% chose fair, and 9.0% said it was poor.

Figure 8 shows respondents' ratings of the health care system, by health region and year of survey (1996, 1997). The percentage of respondents who said that the health care system was excellent or good appeared to be somewhat higher in 1997 than in 1996 for 10 of the 17 health regions. Ratings of the health care system by respondents in the Calgary region were higher than the provincial average while ratings in the Capital (Edmonton) region were lower than average. Overall, 60.1% of Albertans rated the health care system in Alberta as either good or excellent in 1997 (59.3% in 1996).

Figure 7

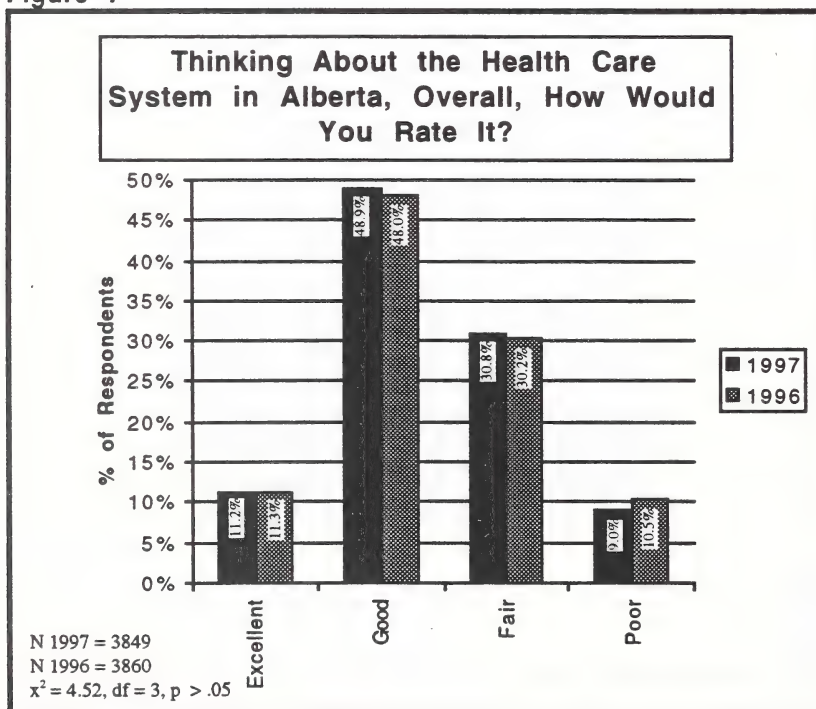
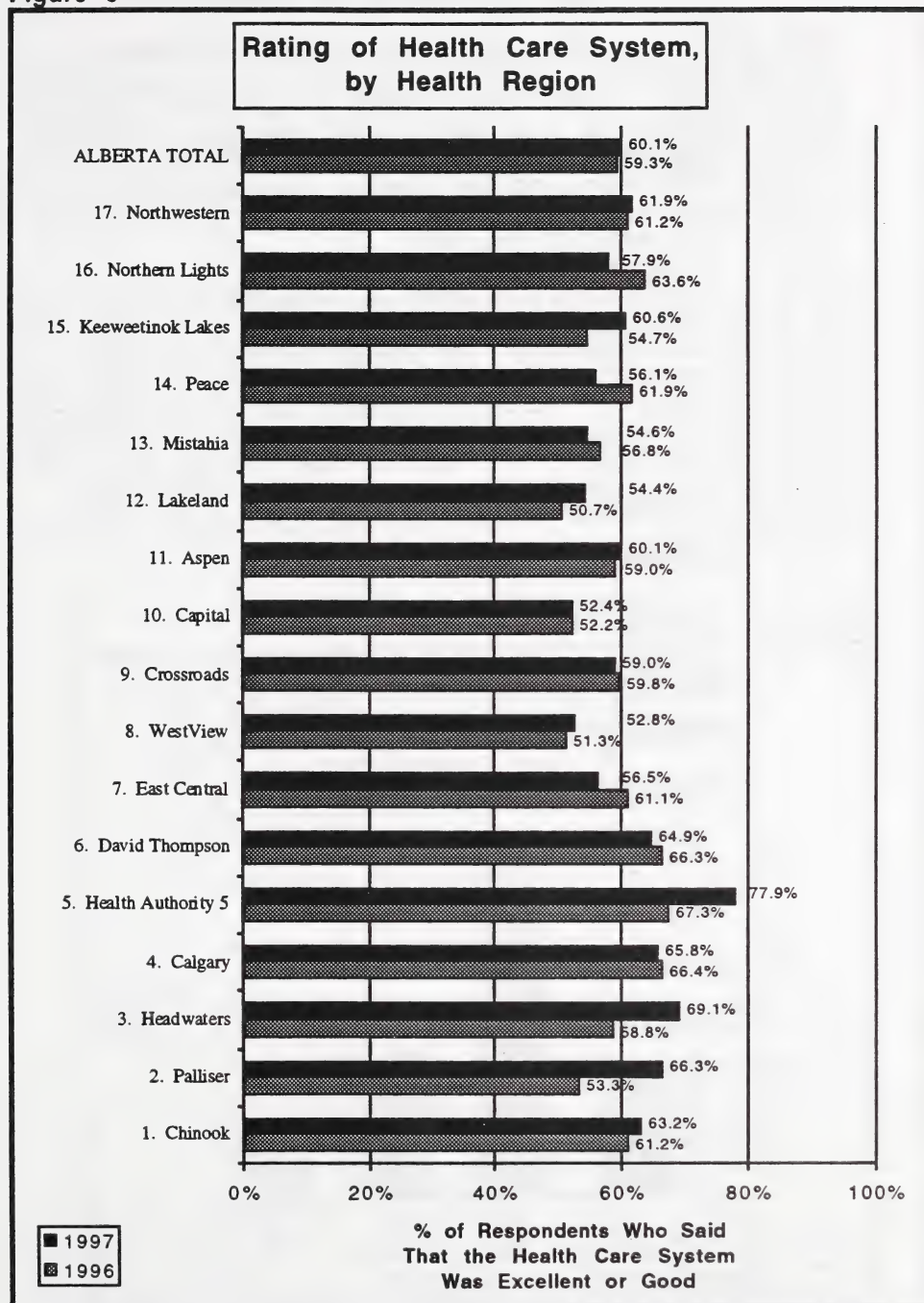


Figure 8



4.3 Availability of Services in the Community

Figure 9 shows that the majority of respondents in 1996 and 1997 rated the availability of health care services in their community as either excellent or good. These ratings of health care availability changed significantly from 1996 to 1997 with fewer respondents selecting excellent or good in 1997 and more selecting fair or poor. In 1997, 17.7% of respondents rated the availability of health services in their community as excellent, 53.4% said good, 22.5% chose fair, and 6.4% said availability was poor.

Figure 10 shows ratings of health care availability, by health region and year of survey (1996, 1997). The percentage of respondents who said that health care availability was excellent or good appeared to be somewhat higher in 1997 than in 1996 for 5 of the 17 health regions. Ratings of health care availability by respondents in the Calgary region were higher than the provincial average while ratings in the Capital (Edmonton) region were lower than average. Overall, 71.1% of Albertans rated the availability of health care services in their community as good or excellent in 1997 (significantly lower than 75.2% in 1996).

Figure 9

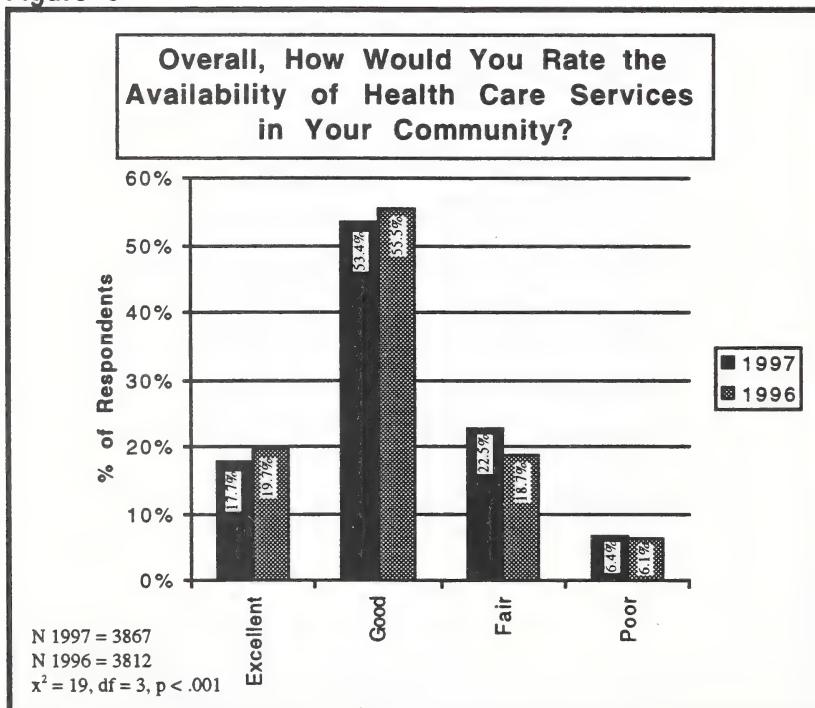
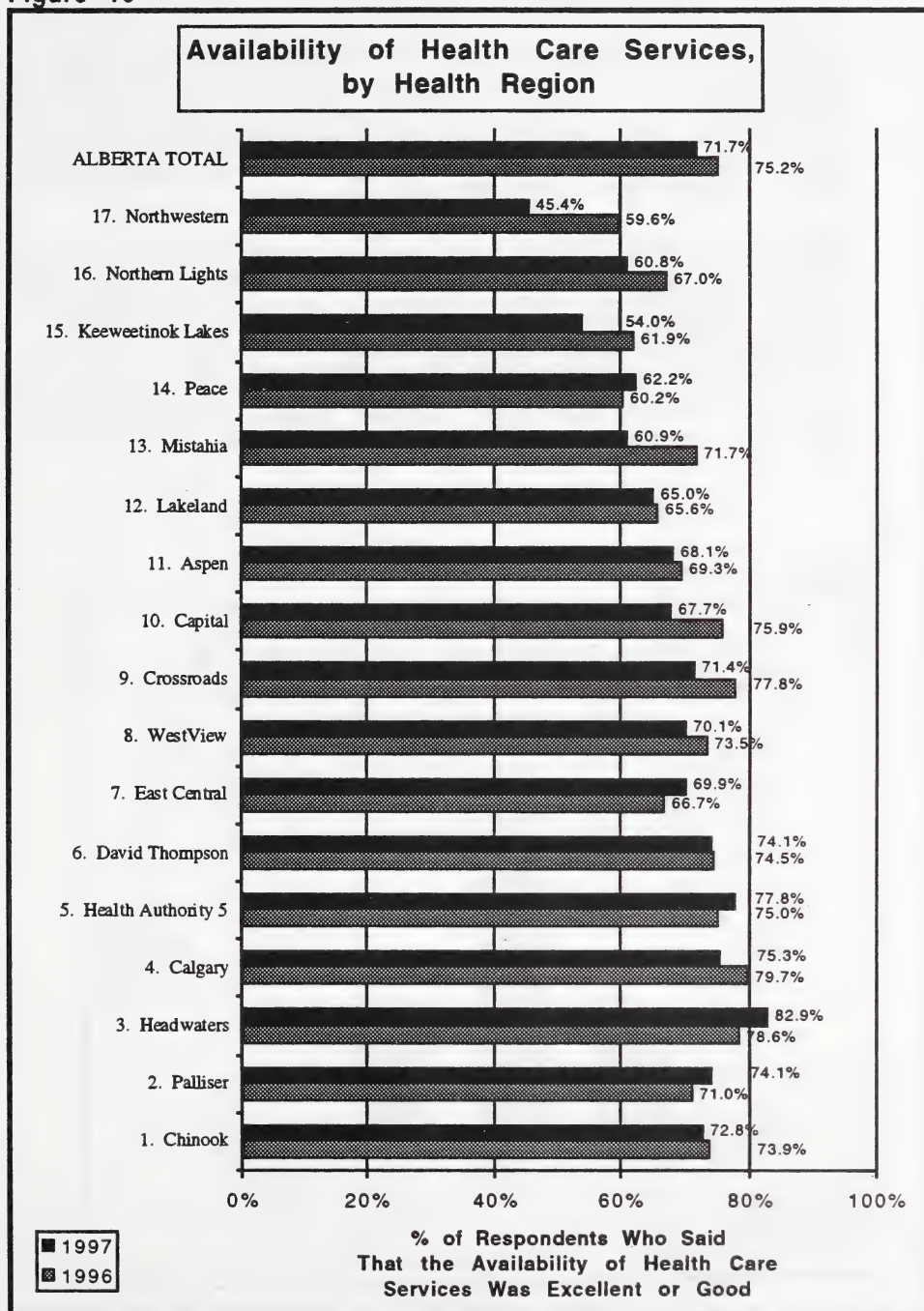


Figure 10



4.4 Ease of Access

Figure 11 shows that the majority of respondents in 1996 and 1997 rated access to health care services as either very easy or easy. These ratings of access to health care services did not change significantly from 1996 to 1997. In 1997, 21.4% of respondents said access was very easy, 52.3% said easy, 22.7% indicated access was a bit difficult, while 3.6% said it was very difficult.

Figure 12 shows ratings of health care accessibility, by health region and year of survey (1996, 1997). The percentage of respondents who found health care accessible appeared to be somewhat higher in 1997 than in 1996 for 6 of the 17 health regions. Ratings of health care accessibility were higher than the provincial average for respondents in the Calgary region while ratings in the Capital (Edmonton) region were somewhat below average. Overall, 73.6% of Albertans rated health care accessibility as easy or very easy in 1997 (75.7% in 1996).

Figure 11

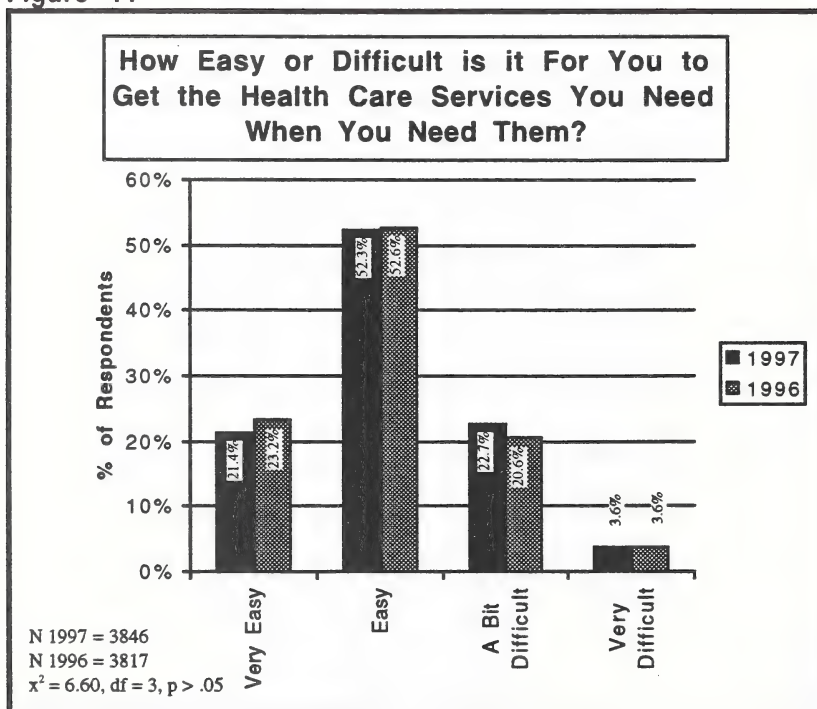
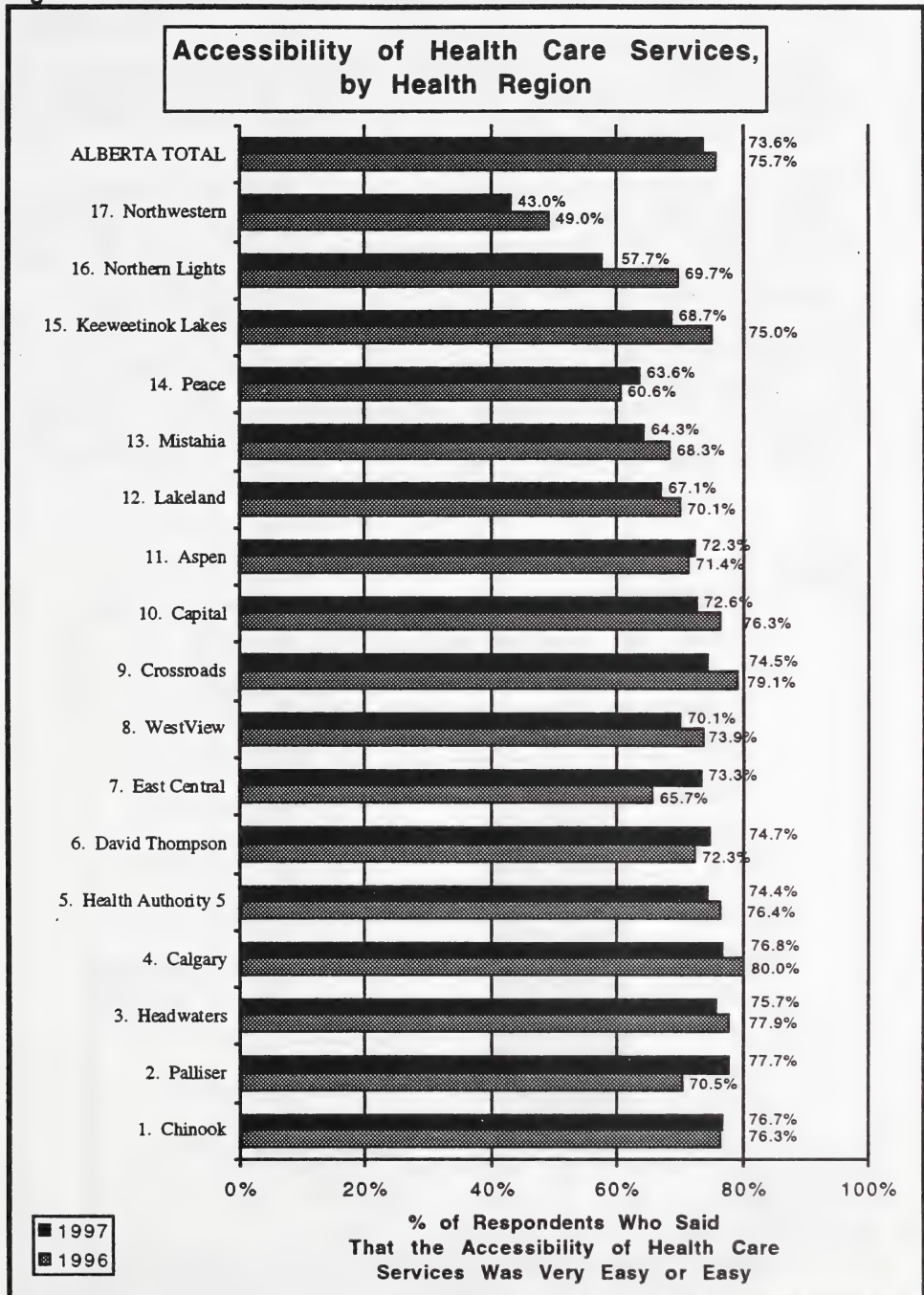


Figure 12



4.5 Percent Unable to Obtain Needed Services

Figure 13 shows that 7.4% of respondents in 1997 (and 7.1% in 1996) said that they were unable to obtain health care services when they needed them. These responses were not significantly different from 1996 to 1997.

Figure 14 shows the percentages of respondents who could not obtain health care services when needed, by health region and year of survey (1996, 1997). The percentage of respondents who said that they were unable to obtain health care when needed appeared to be somewhat lower in 1997 than in 1996 for 6 of the 17 health regions (lower percentages in 1997 indicated improvement). The percentage of respondents unable to obtain health care when needed was lower in the Calgary region than the provincial average while the percentage in the Capital (Edmonton) region was higher than average. Overall, 7.4% of Albertans reported that they were unable to obtain health care when needed in 1997 (7.1% in 1996).

Figure 13

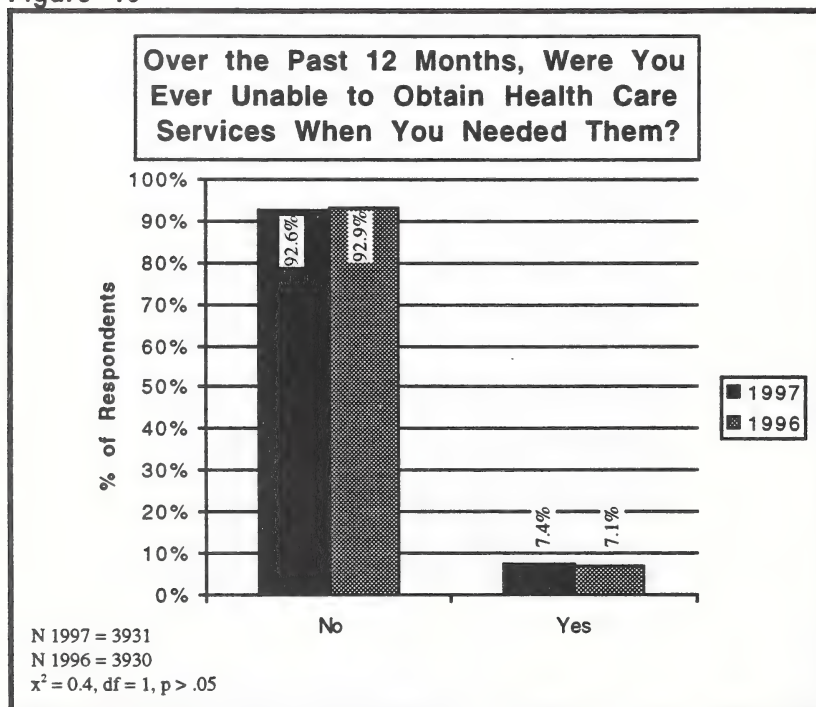
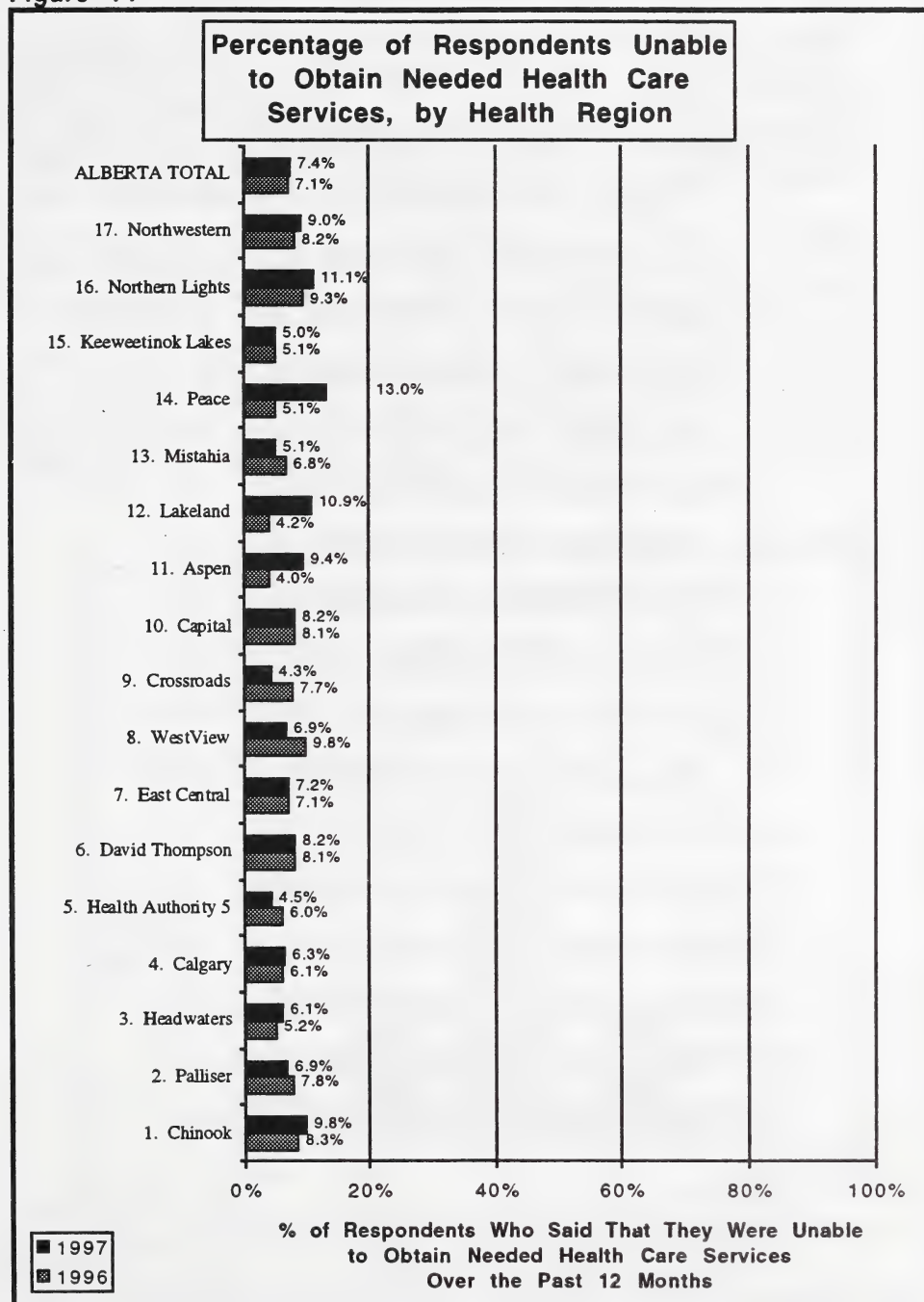


Figure 14



4.6 *Quality of Services in the Community*

Figure 15 shows that the majority of respondents in 1996 and 1997 rated the quality of health care services in their community as either excellent or good. These ratings did not change significantly from 1996 to 1997. In 1997, 19.1% of respondents rated the quality of health care services in their community as excellent, 59.4% said quality was good, 17.5% chose fair, while 4.0% said quality was poor.

Figure 16 shows the ratings of health care quality, by health region and year of survey (1996, 1997). The percentage of respondents who said that health care quality was either excellent or good appeared to be somewhat higher in 1997 than in 1996 for 11 of the 17 health regions. Ratings of health care quality were higher than the provincial average for respondents in the Calgary region while ratings in the Capital (Edmonton) region were lower than average. Overall, 78.4% of Albertans rated the quality of health care services available in their community as either good or excellent in 1997 (79.0% in 1996).

Figure 15

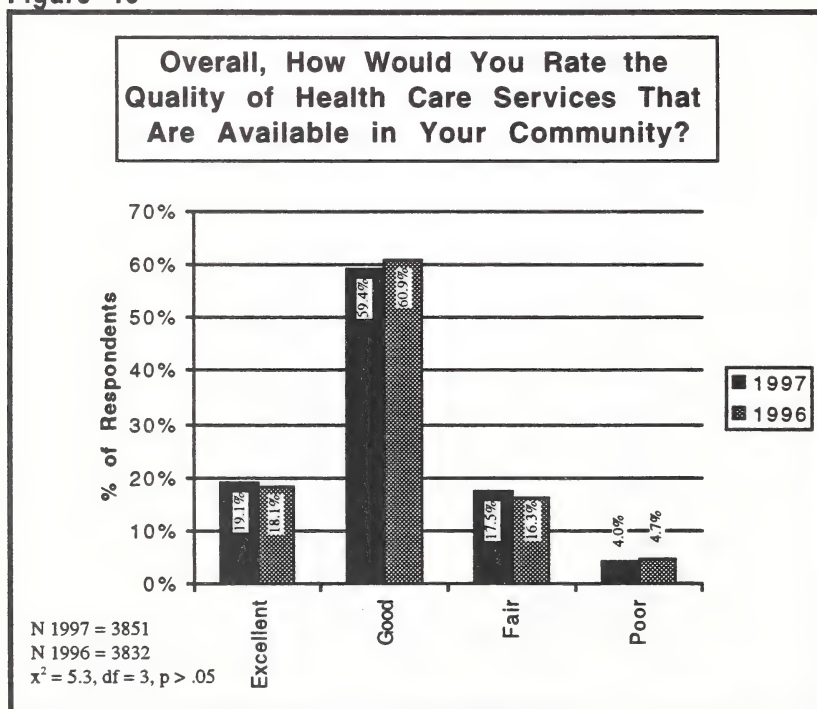
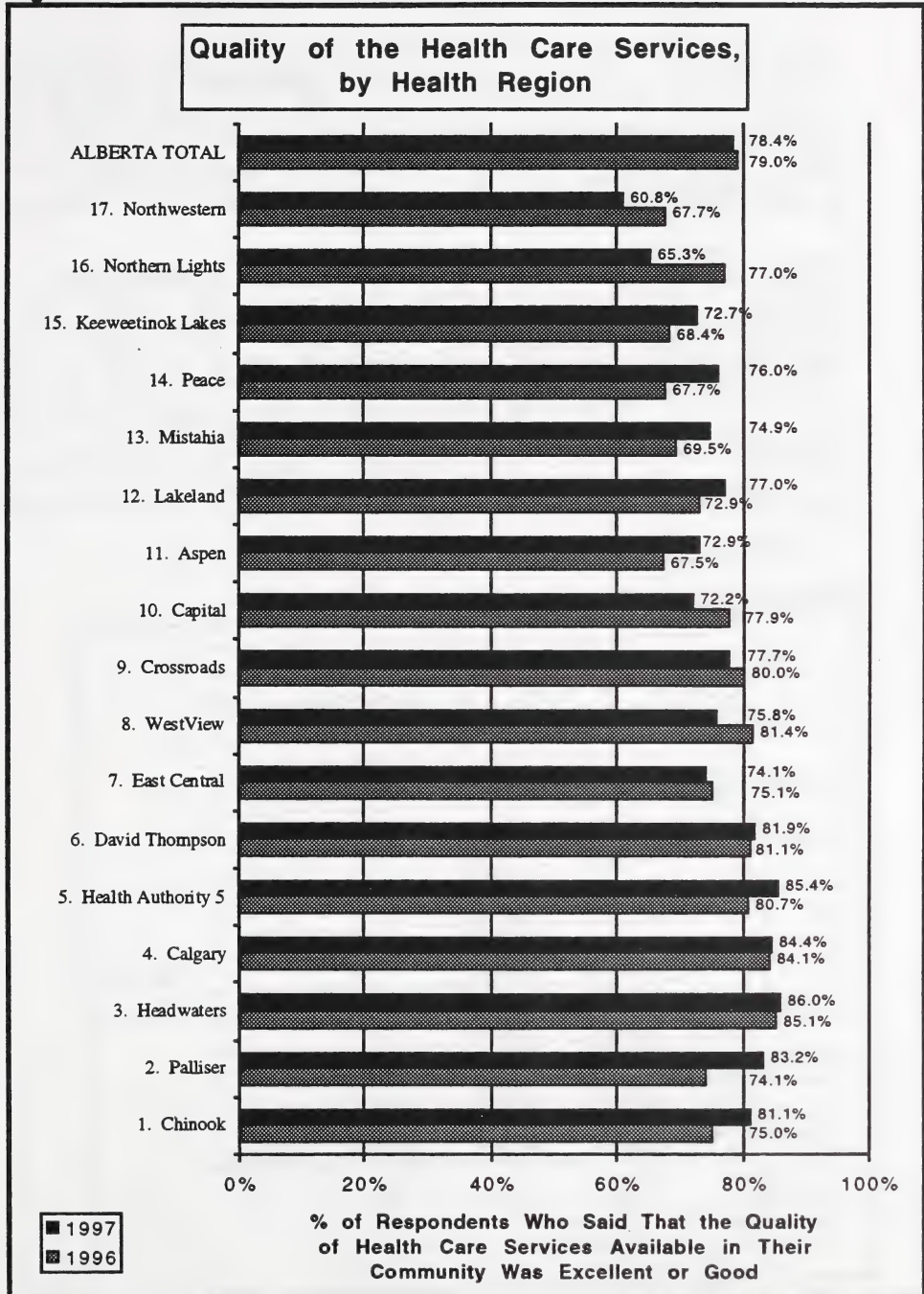


Figure 16



4.7 *Quality of Services Personally Received*

Figure 17 shows that the majority of respondents in 1996 and 1997 rated the quality of health care services personally received in the past 12 months as either excellent or good. These ratings did not change significantly from 1996 to 1997. In 1997, 35.9% of respondents said that the quality of health services that they had personally received was excellent, 50.6% said good, 11.1% chose fair, while 3.2% said quality was poor.

Figure 18 shows ratings of the quality of health care personally received, by health region and year of survey (1996, 1997). The percentage of respondents who said that health care quality was either excellent or good appeared to be somewhat higher in 1997 than in 1996 for 7 of the 17 health regions. Ratings of the quality of health care personally received by respondents in the Calgary region were higher than the provincial average while ratings in the Capital (Edmonton) region were below average. Overall, 85.7% of Albertans rated the quality of health care services personally received as good or excellent in 1997 (85.9% in 1996).

Figure 17

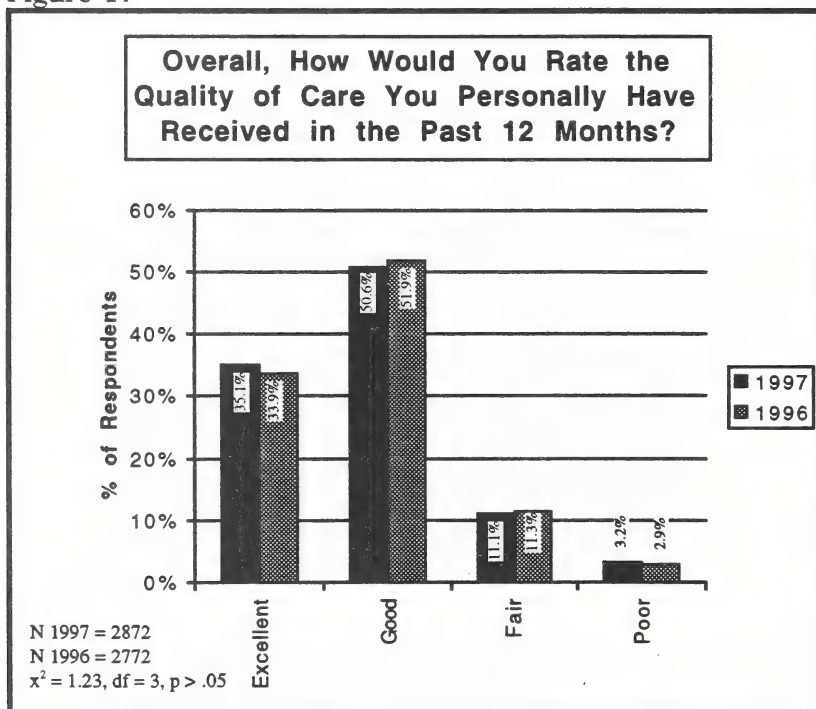


Figure 18

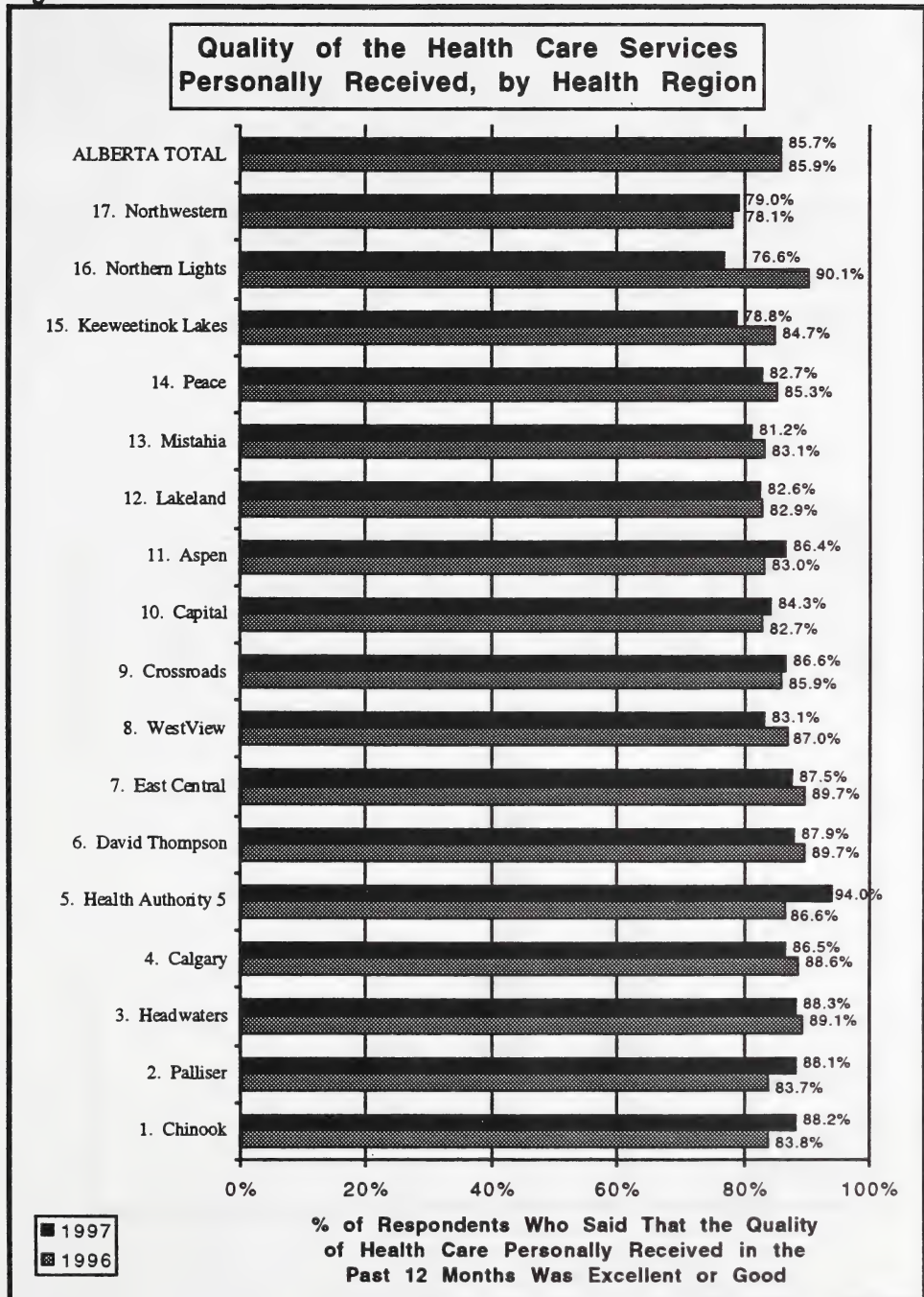


Figure 19 shows that the majority of respondents in 1997 who received health care services in the past 12 months felt that the results of care were either good or excellent. (This question was not asked in 1996.) A total of 28.1% of respondents in 1997 said that the results of health care services that they had received were excellent, 55.2% said good, 12.2% chose fair, while 4.5% said results were poor.

Figure 20 shows ratings of the results of health care services personally received, by health region for 1997. Ratings of the results of health care personally received by respondents in the Calgary region were higher than the provincial average while ratings in the Capital (Edmonton) region were below average. Overall, 83.3% of Albertans rated the results of health care services personally received as good or excellent in 1997.

Figure 19

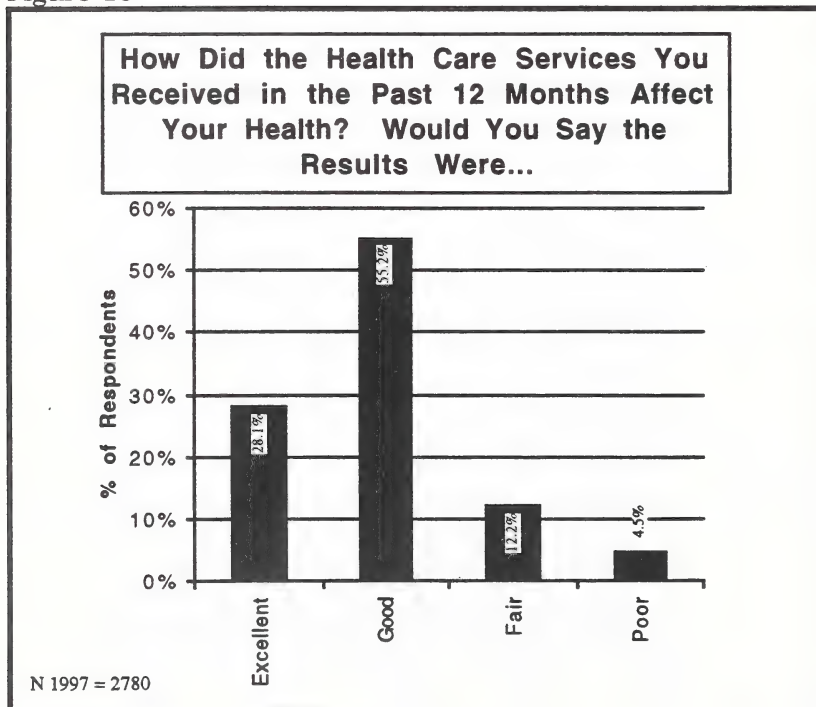
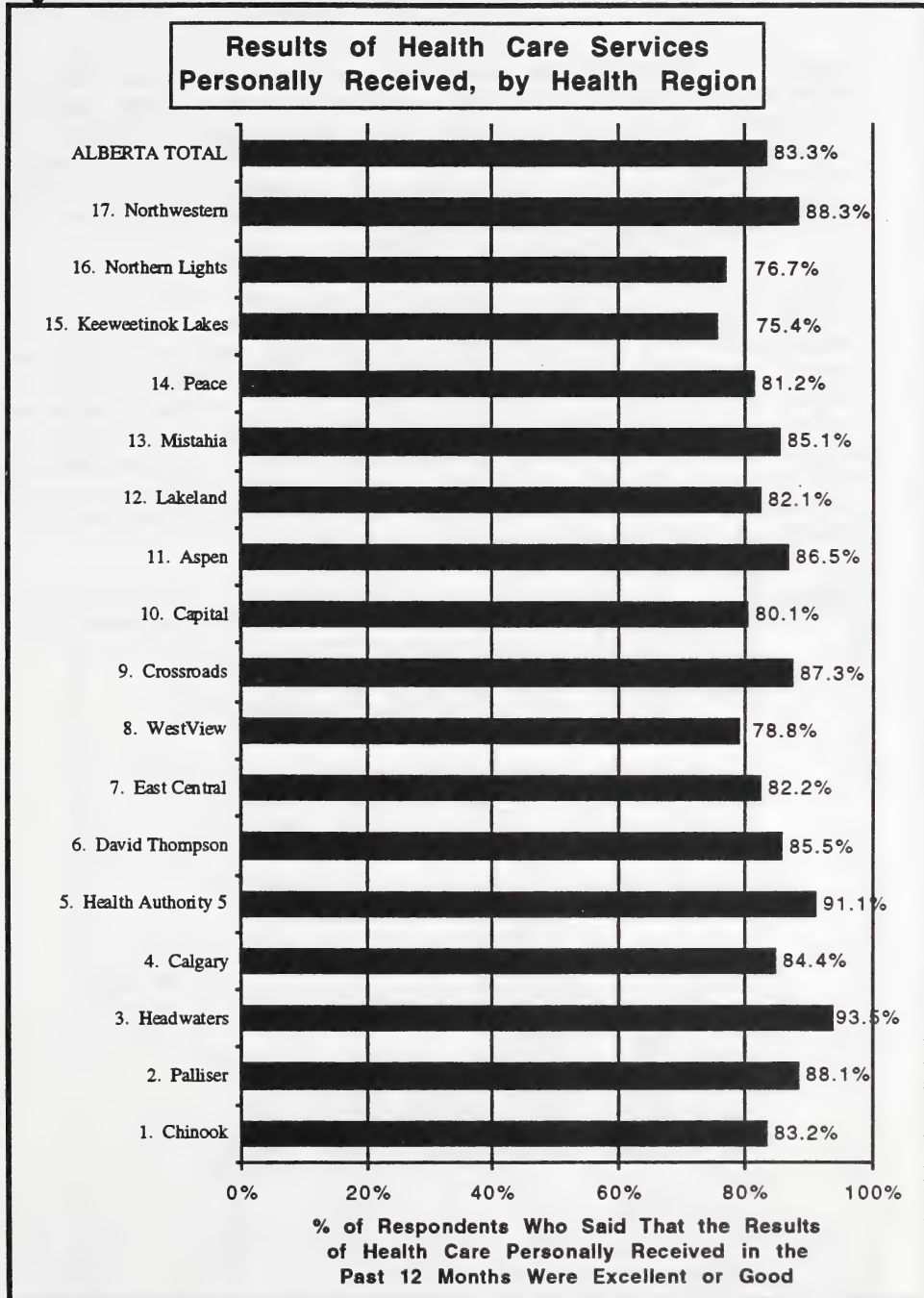


Figure 20



4.8 Satisfaction With Health System

Figure 21 shows that the majority of respondents in 1996 and 1997 were very satisfied or somewhat satisfied with the health care system in Alberta. Satisfaction with the health system did not change significantly from 1996 to 1997. In 1997, 19.4% of respondents were very satisfied, 47.1% said they were somewhat satisfied, 14.9% chose neither satisfied nor dissatisfied, 14.7% were somewhat dissatisfied, while 3.9% said they were dissatisfied.

Figure 22 shows satisfaction with the health care system, by health region and year of survey (1996, 1997). The percentage of respondents who said that they were satisfied with the health care system appeared to be somewhat higher in 1997 than in 1996 for 8 of the 17 health regions. Satisfaction with the health care system was higher than the provincial average for respondents in the Calgary region while satisfaction in the Capital (Edmonton) region was lower than average. Overall, 66.5% of Albertans said that they were either very satisfied or somewhat satisfied with the health care system in Alberta in 1997 (66.6% in 1996).

Figure 21

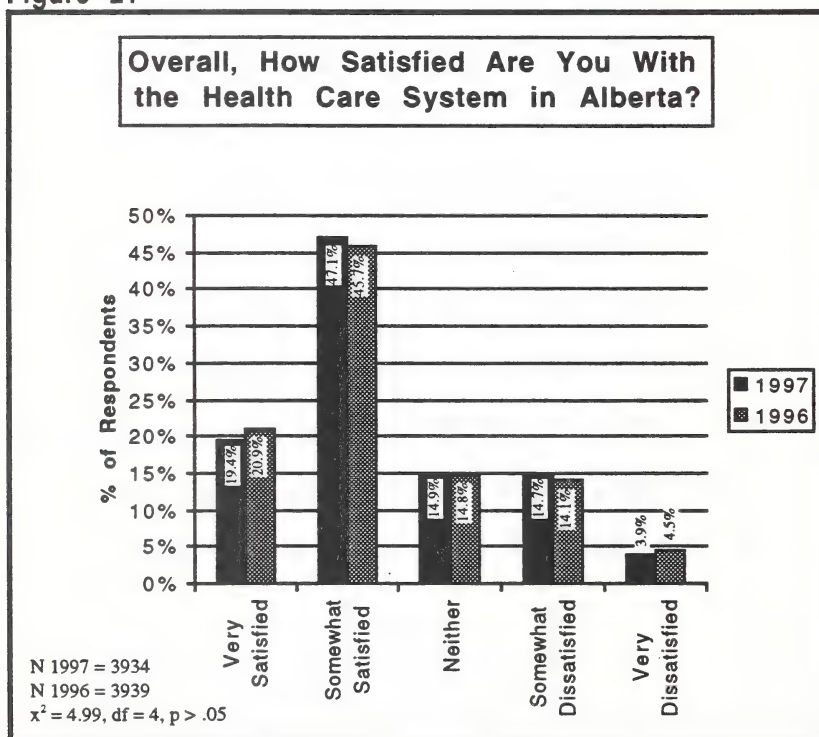
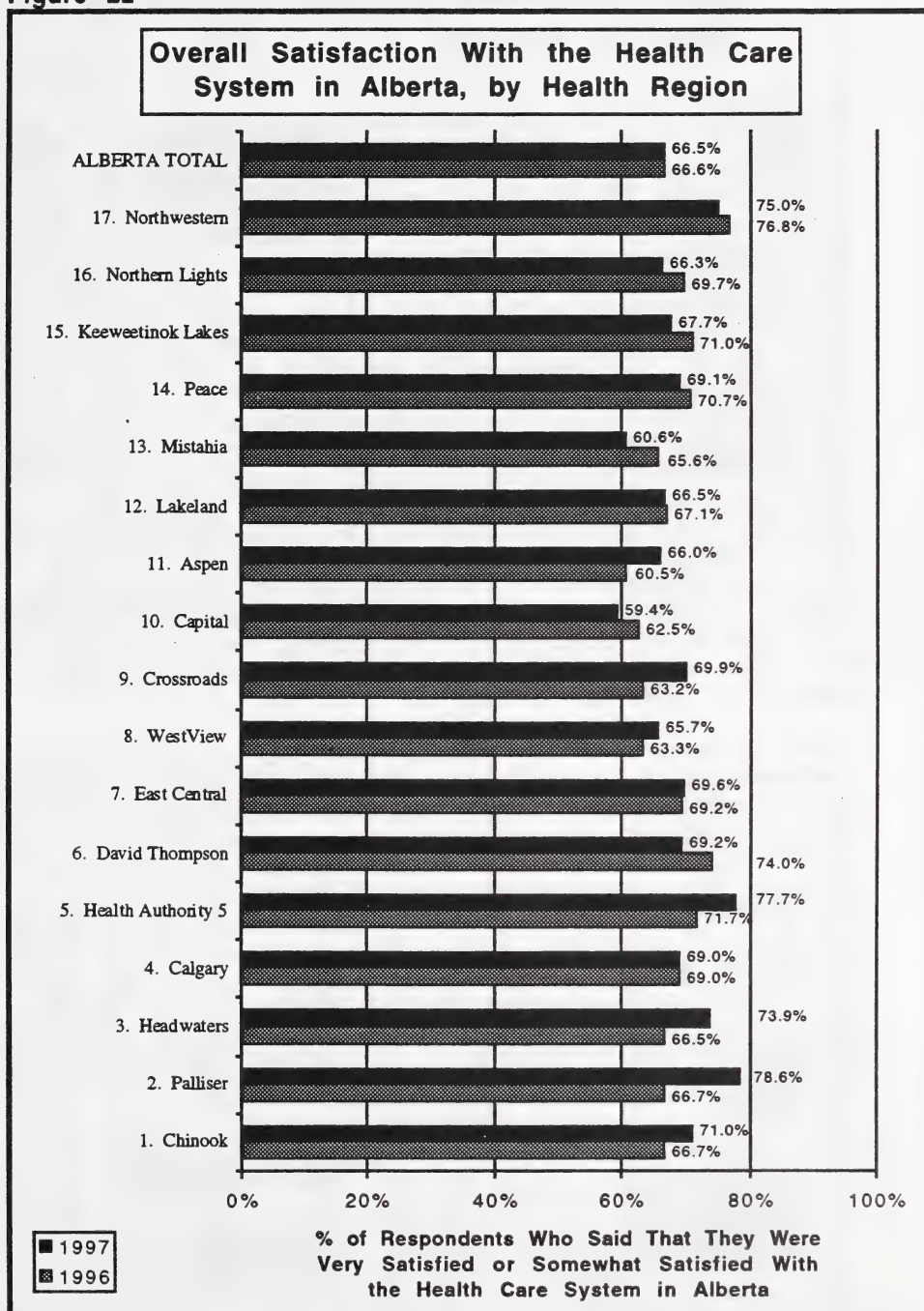


Figure 22



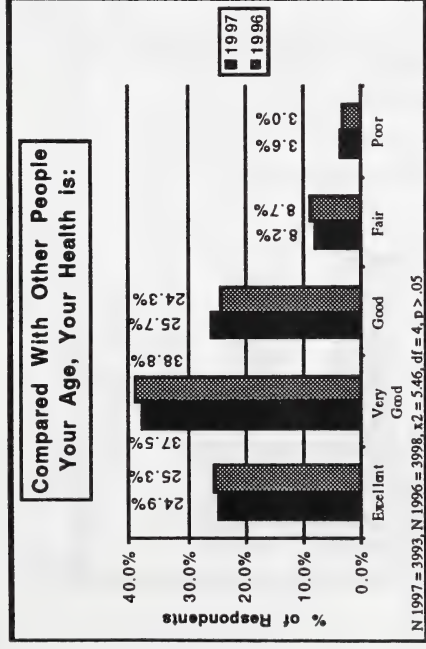
5 Self-Reported Health Status and Health Needs

In addition to the key measure of self-reported health status (see pages 15-16 of this report), respondents were asked three additional questions regarding their health and health needs. These three questions were: "Do you have a chronic health problem which requires regular health services?" "How would you describe your own level of need for health services during the past year? Would you say low, moderate, or high?" and "Think about the person living in your household, including yourself, who had the greatest need for health services during the past year. How would you describe this person's level of need? Would you say low, moderate, or high?" Figure 23 shows the responses to these four questions. While people generally reported a relatively high level of health, 23% of respondents in 1997 (22% in 1996) reported a chronic health problem which requires regular health services. Just the same, less than one in ten (9% in 1997, 8% in 1996) reported that their need for health services was high. When asked about all members in their household, 17% in 1997 (16% in 1996) said that there was a person in their household who had a high level of need for health services. Only one these four ratings of health and health needs changed significantly from 1996 to 1997; that is, the percentage of respondents reporting a person in their household with a high need for health services increased significantly from 1996 to 1997.

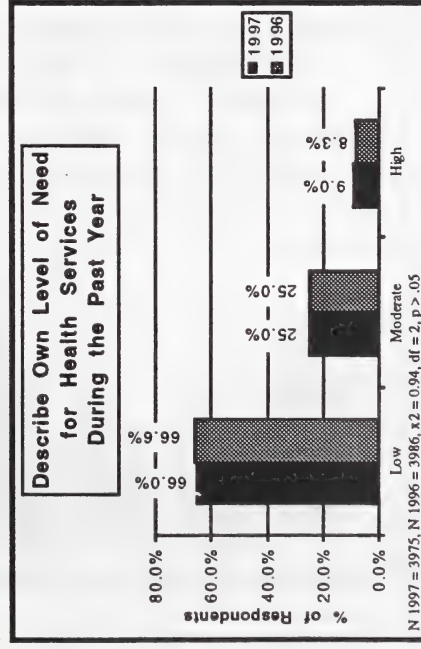
Figure 24 shows that older persons tended to report somewhat lower health levels than younger respondents and that males and females reported similar health levels, when controlling for age. Figure 25 shows that females and older age groups were more likely to report chronic health problems which require regular health services. Figure 26 shows that females tended to report a higher level of need for health services in the past year than males, controlling for age, and that reported need tended to rise with age. Finally, Figure 27 shows the average (mean) level of need for health services for the person in the household with the highest level of need, by age and sex of respondent. Reported need for health services tended to rise with the age of the male respondent, but showed no clear trend by age for female respondents.

Figure 23
Health and Health Needs

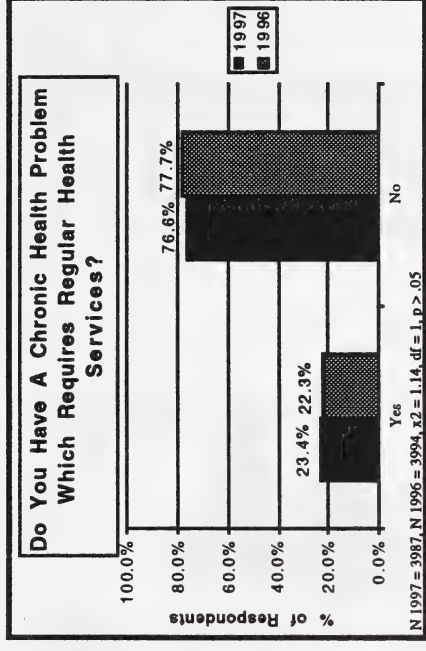
a



c



b



d

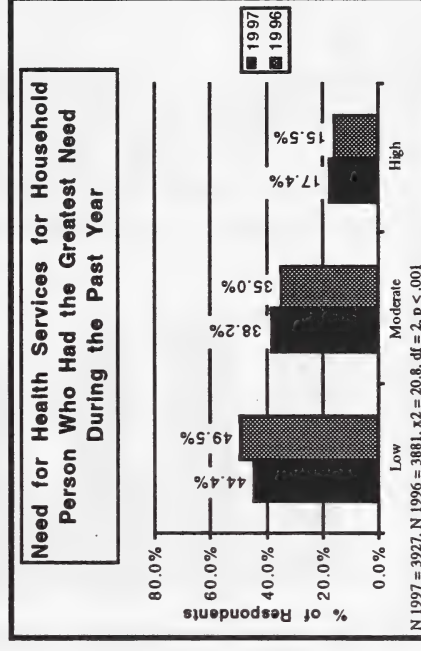
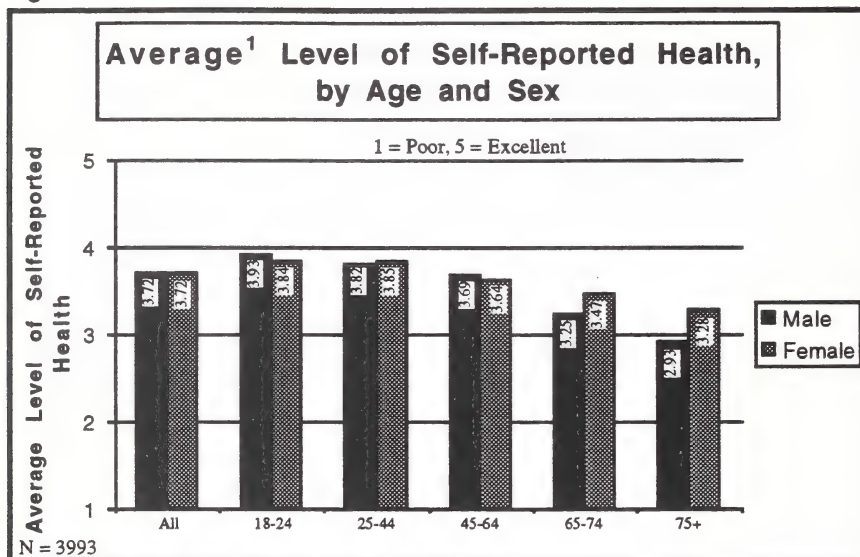


Figure 24



1. The average used is the statistical mean.

Figure 25

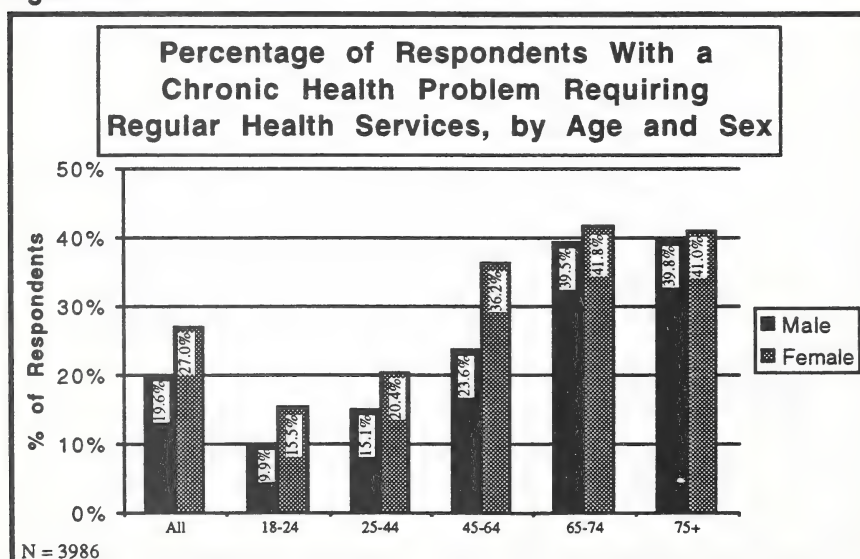


Figure 26

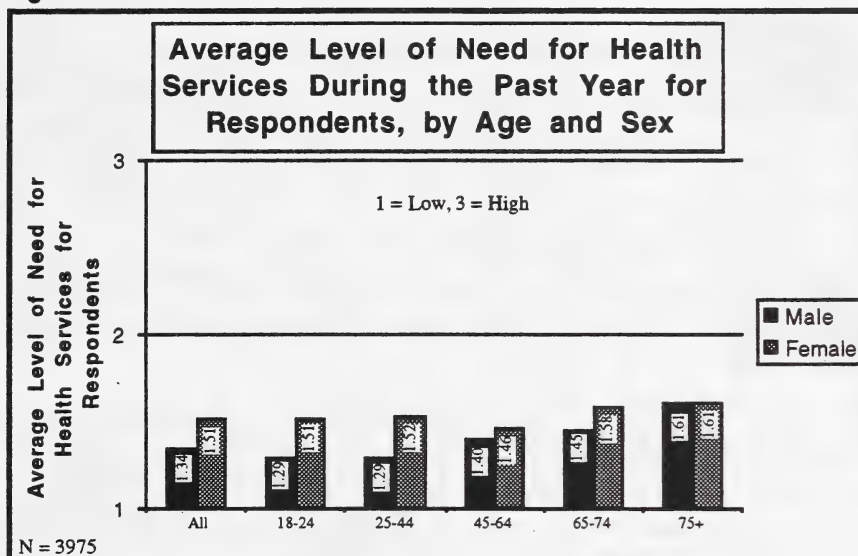
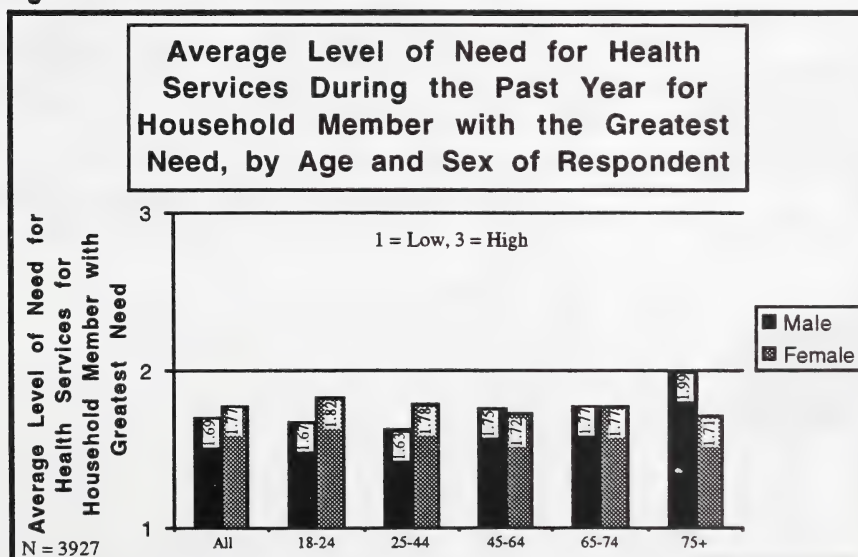


Figure 27



6 *Behavioural and Lifestyle Contributions to Health*

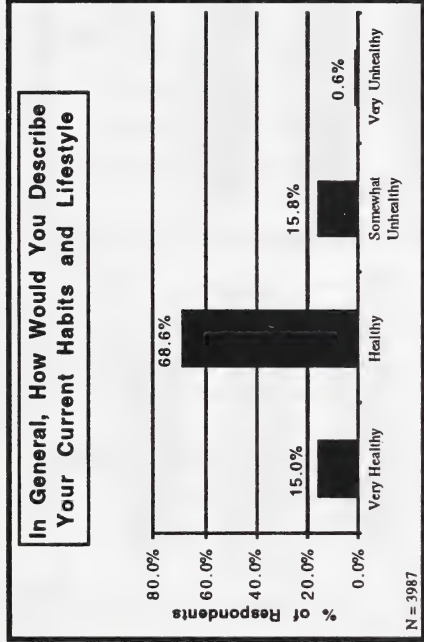
Respondents were asked to describe their current habits and lifestyle (very healthy, healthy, somewhat unhealthy, very unhealthy). They were then asked if they had made any changes to improve their health in the past 12 months or planned to make any such changes in the next 12 months. Finally, respondents were asked to indicate which changes they had made or planned to make. Figure 28 shows that most respondents considered their habits and lifestyle to be healthy. Almost one-half (44%) said that they had made changes in the past 12 months to improve their health and as many (46%) said that they planned to make changes in the next 12 months to improve their health.

Figure 29 shows that females tended to report a somewhat healthier lifestyle than their male counterparts, controlling for age, and that older age groups had a tendency to report a somewhat healthier lifestyle than younger age groups. Figure 30 indicates that females were more likely than males to have made changes in the past 12 months to improve their health and that younger adults were most likely to have made such changes. Similarly, Figure 31 shows that females were more likely than males to plan to make changes in the next 12 months to improve their health and that younger adults were most likely to plan to make such changes.

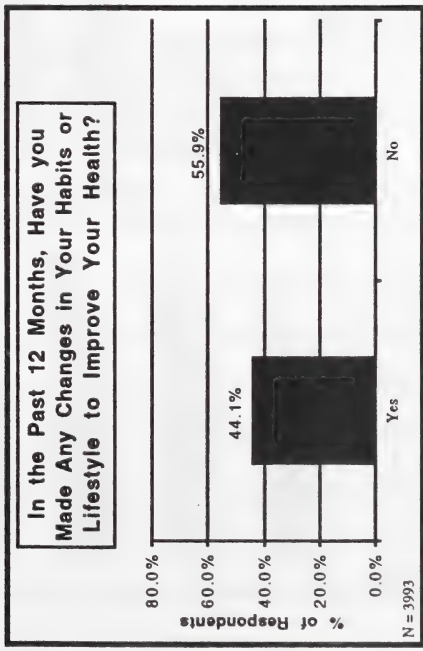
Figure 32 shows that the most common changes made in the past 12 months by respondents to improve their health were increased exercise (28% of females and 20% of males) and changed diets (25% of females and 17% of males). Figure 33 shows that these were also the most common changes that people planned to make in the next 12 months. That is, 29% of females and 25% of males planned to take more exercise and 15% of females and 10% of males planned to change their diet. Plans to quit smoking were also common with 8% of males and 7% of females indicating that they planned to quit in the next 12 months.

Figure 28
Habits and Lifestyles

a



b



c

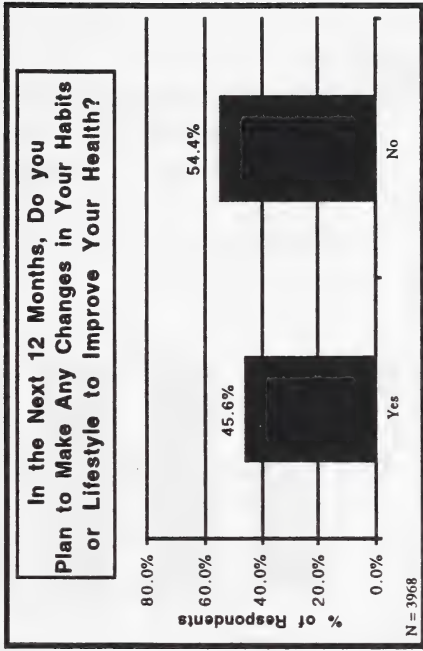


Figure 29

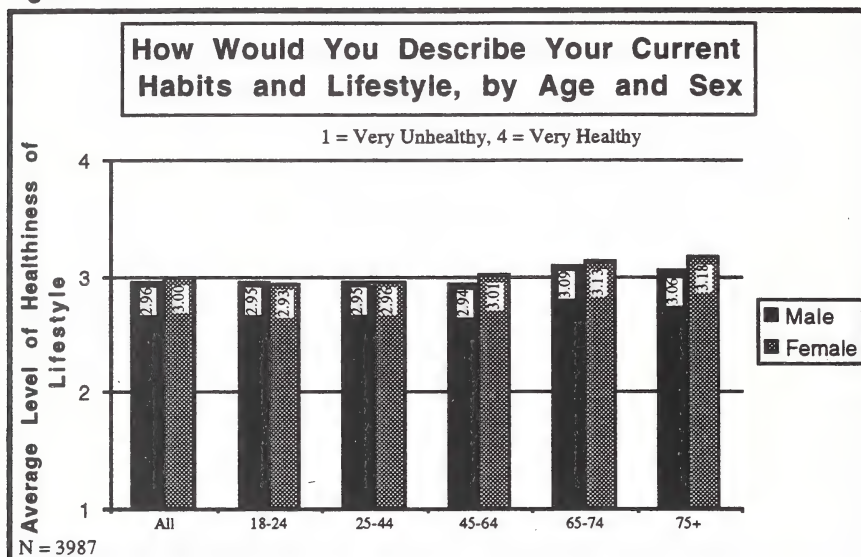


Figure 30

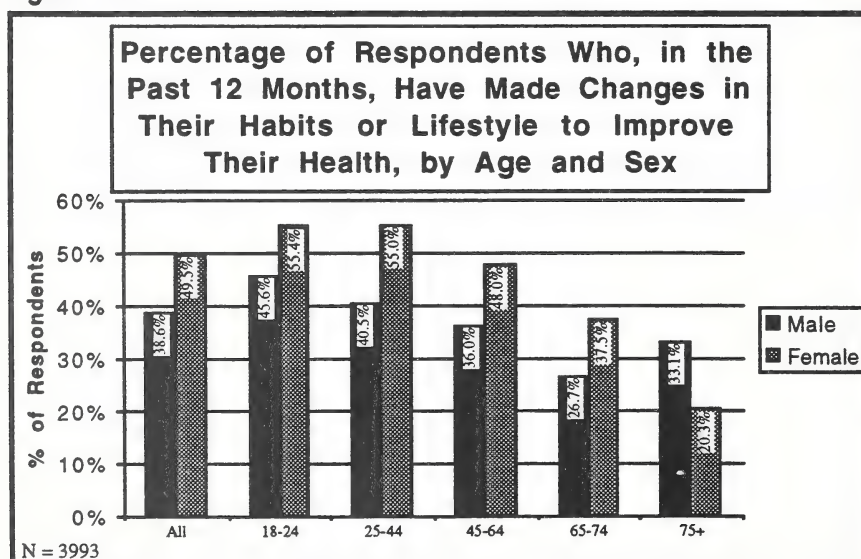


Figure 31

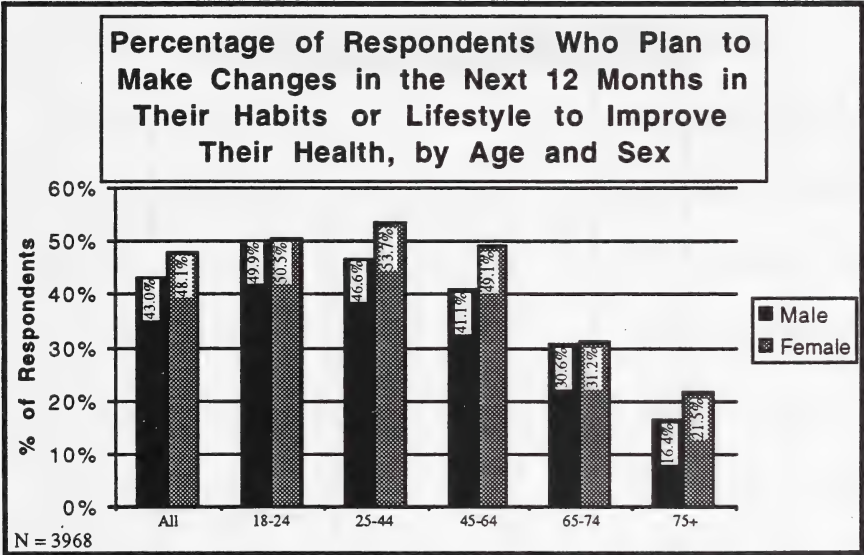


Figure 32

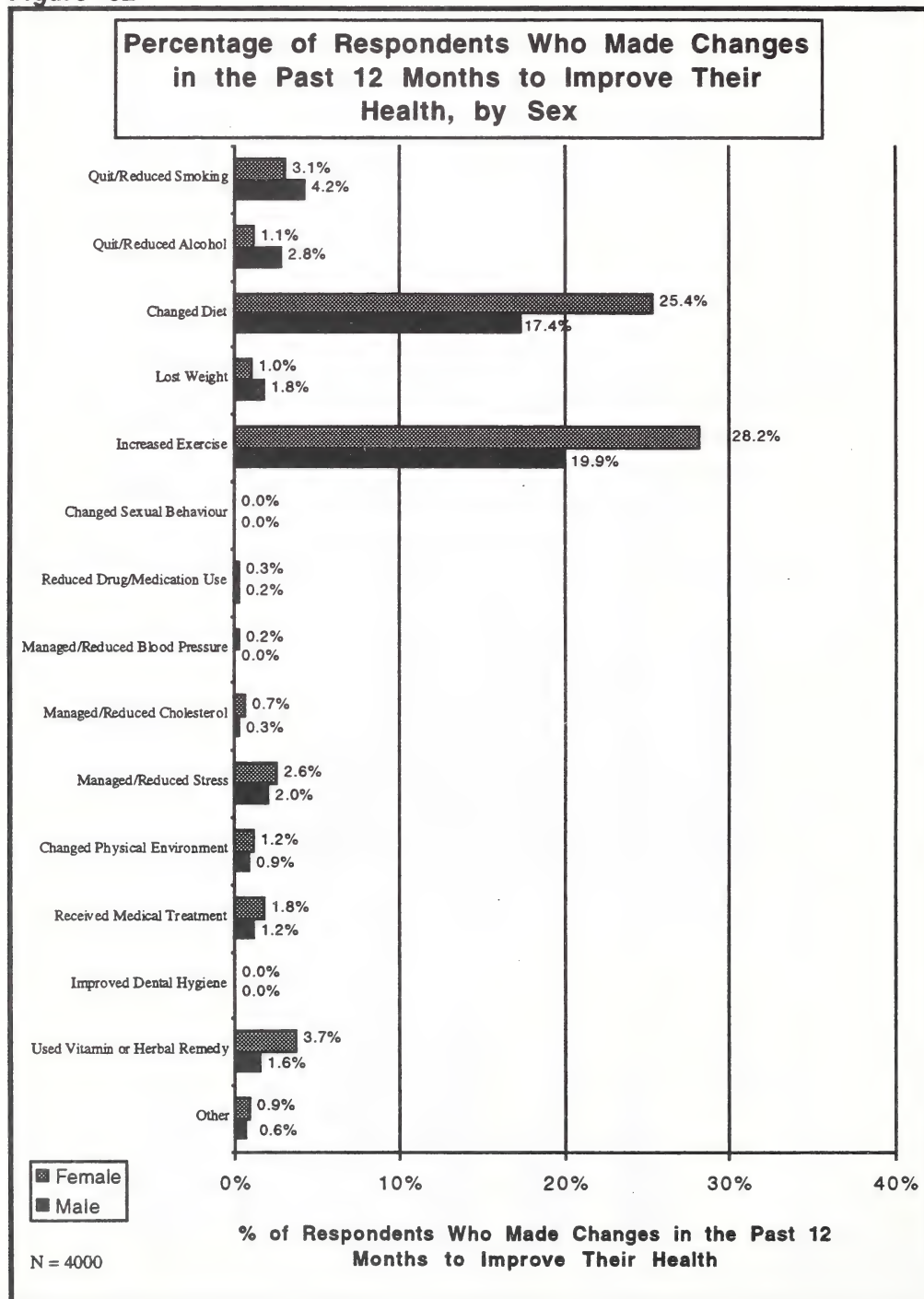
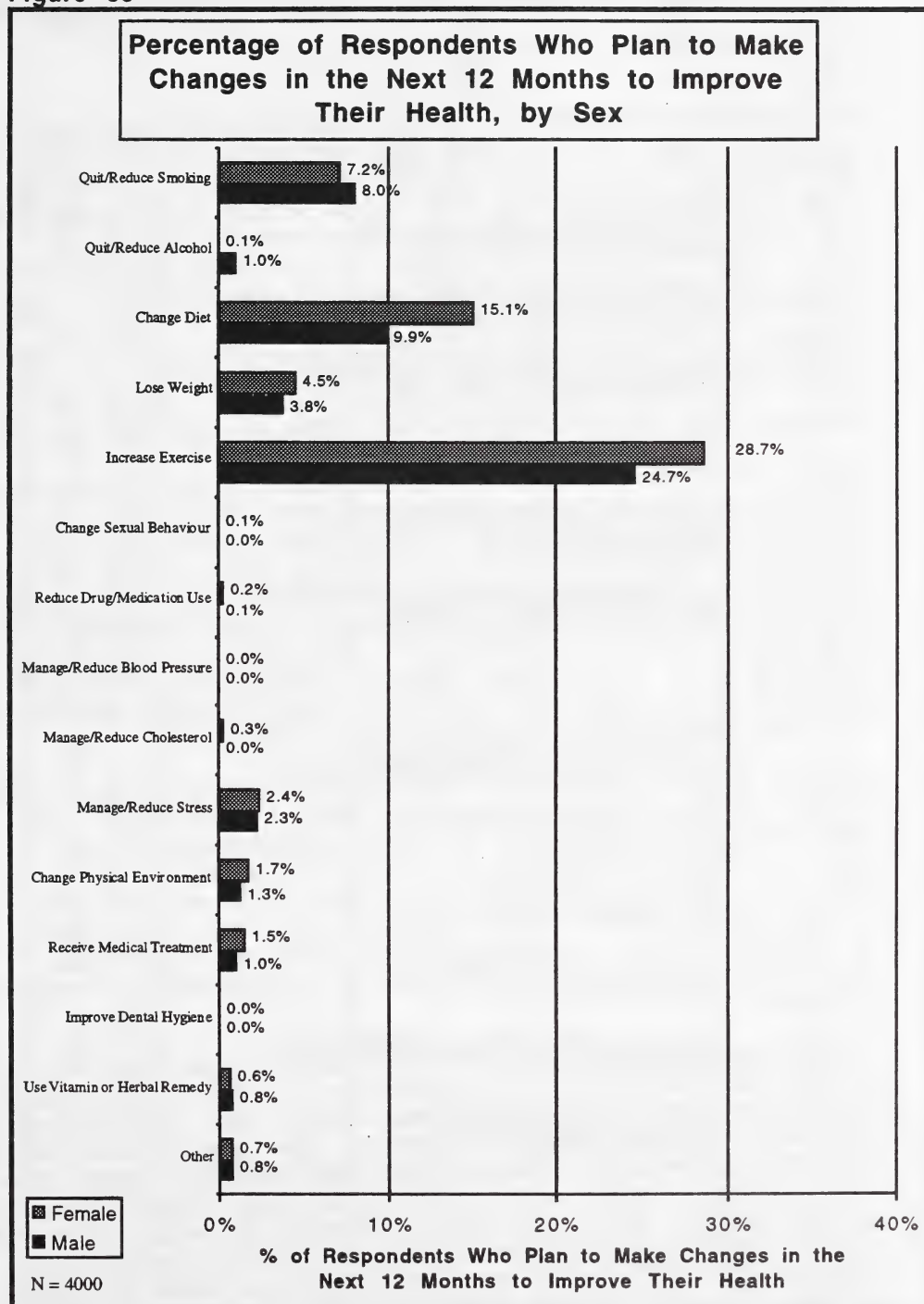


Figure 33



7 *The Family's Contribution to Health Care*

Respondents were asked if they had **received** health care support from a family member and also if they had **provided** health care support to a family member in the past 6 months. One in four (25%) said that they had recently received health care support from a family member and 40% said that they had recently provided such support. Support received included emotional support (60% of those persons receiving care), home/personal care (33%), help with household chores (24%), transportation (20%), financial assistance (12%), and child care (6%). Support provided, as opposed to received, included home/personal care (41% of those persons who provided care), emotional support (57%), transportation (27%), help with household chores (22%), financial assistance (10%), child care (14%), and palliative care (1%).

Figure 34 shows that females were more likely to have received health care support from a family member than males at all ages (except 75+ years of age). The percentage of respondents receiving support tended to be highest for females 18-24 years of age and for males 75+ years of age. Figure 34 also shows that generally persons 25 and older tended to provide more health care support to family members than they received (except for persons 75+ years of age who received more than they gave). Furthermore, Figure 34 shows that women at all ages under 75 years of age were more likely to provide health care support to family members than were their male counterparts.

Of those persons who provided support, 47% said that it was not an inconvenience, 40% said that it was a minor inconvenience or disruption, while 13% (5% of the total sample) indicated that providing health care support to a family member was a major disruption of their normal activities. Figure 35 shows that women under 75 years of age were more likely than men to report that providing health care support to a family member was a major disruption. Disruption was most likely to be reported by women aged 25 to 64.

Respondents were asked if, in the past 6 months, they had paid to obtain health care support in the home for self or for a family member (spouse/partner, parent, grandparent, sibling, child, or grandchild). A total of 8% answered yes to this question. The types of health care support most frequently purchased included home care nurse (21% of those paying for health care support in the home), prescriptions and medical supplies (26% and 15% respectively), housekeeping services (13%), health care professionals (11%), alternative therapy (7%), transportation (4%), ambulance/STARS (3%), and child care (3%). Another 22% said that they had provided financial support.

Figure 34

Percentage of Respondents Who Received and Who Provided Health Care Support From/To a Family Member in the Past 6 Months, by Age and Sex

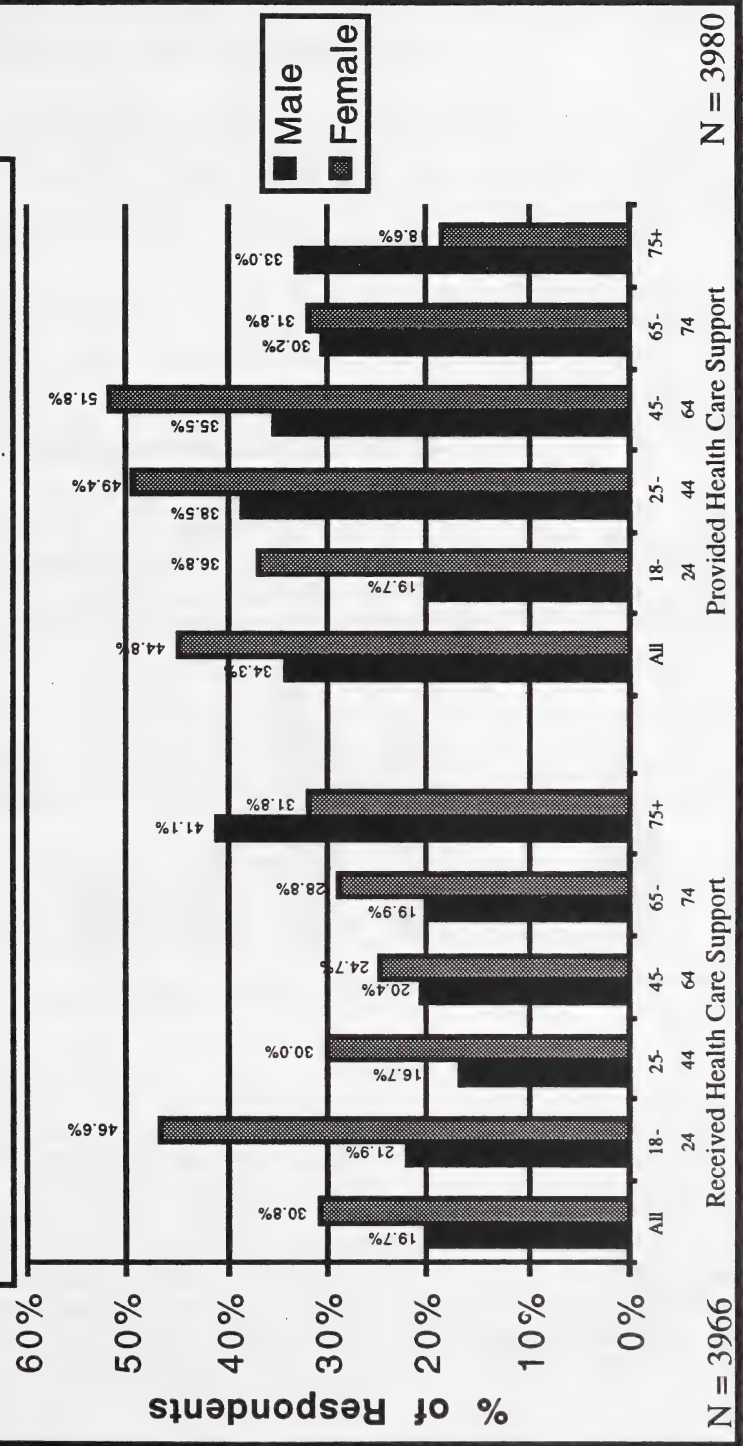
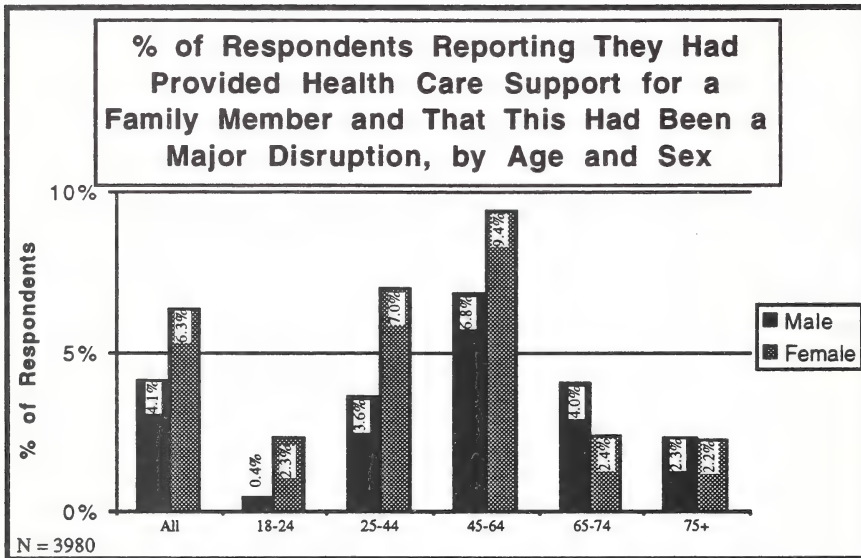


Figure 35



8 *Availability and Accessibility of Health Care Services*

Respondents were asked "Overall, how would you rate the availability of health care services in your community? Would you say excellent, good, fair, or poor?" Figure 36 shows that availability was perceived generally to be good (see also pages 20-21 of this report). Perceptions of availability did not vary substantially by either age or sex.

Respondents were then asked "How easy or difficult is it for you to get the health care services you need when you need them? Would you say it is very easy, easy, a bit difficult, or very difficult?" Figure 37 shows that accessibility was perceived generally to be easy (see also pages 22-23 of this report). Perceptions of accessibility were slightly lower for females and showed no consistent pattern by age.

Four percent of respondents said that it was "very difficult" for them to get the health care services they needed when they needed them and another 23% said that it was "a bit difficult". These respondents who had reported a degree of difficulty accessing services were asked "What makes it difficult for you?" and all answers were recorded (that is, respondents could give more than one answer). Figure 38 shows that the most frequently mentioned problems related to time: long waits, service not available when needed, and service not available at certain times or at a convenient time. Other barriers to health care service which were mentioned relatively often included distance required to travel to get service and not enough health professionals.

All respondents were next asked "At this time, are you or a person living in your household waiting for a medical treatment, consultation, surgery, home care services, or long term care placement?" More than one in six persons (18%) said "yes". Respondents who reported that they or a household member were waiting for health care service were then asked for what service they were waiting. Forty-two percent (42%) were waiting for consultation/tests while 28% were waiting for surgery and 20% were waiting for medical treatment. Others were waiting for rehabilitation treatment (4%), dental treatment (3%), home care services (2%), or long-term placement (1%). These respondents were also asked how long a wait was acceptable for the service they sought. There was a tendency for respondents to select one, two, or three weeks or one, two, or three months as an acceptable waiting period. Seventeen percent (17%) felt that one week was an acceptable length of time to wait for the needed service, 19% said two weeks, 6% selected three weeks, 19% said one month, 9% indicated two months, and 6% chose three months. The median person waiting for service felt that a total wait of three weeks was acceptable for the service sought.

Figure 36

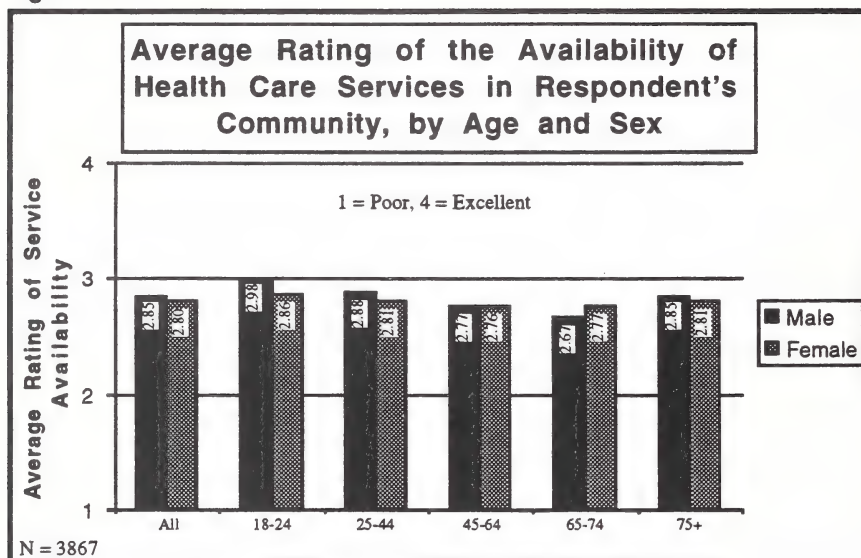


Figure 37

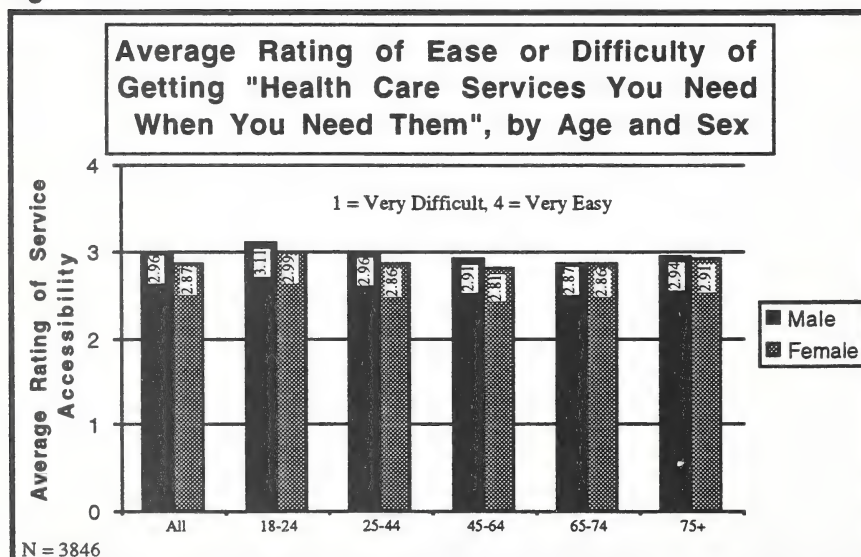
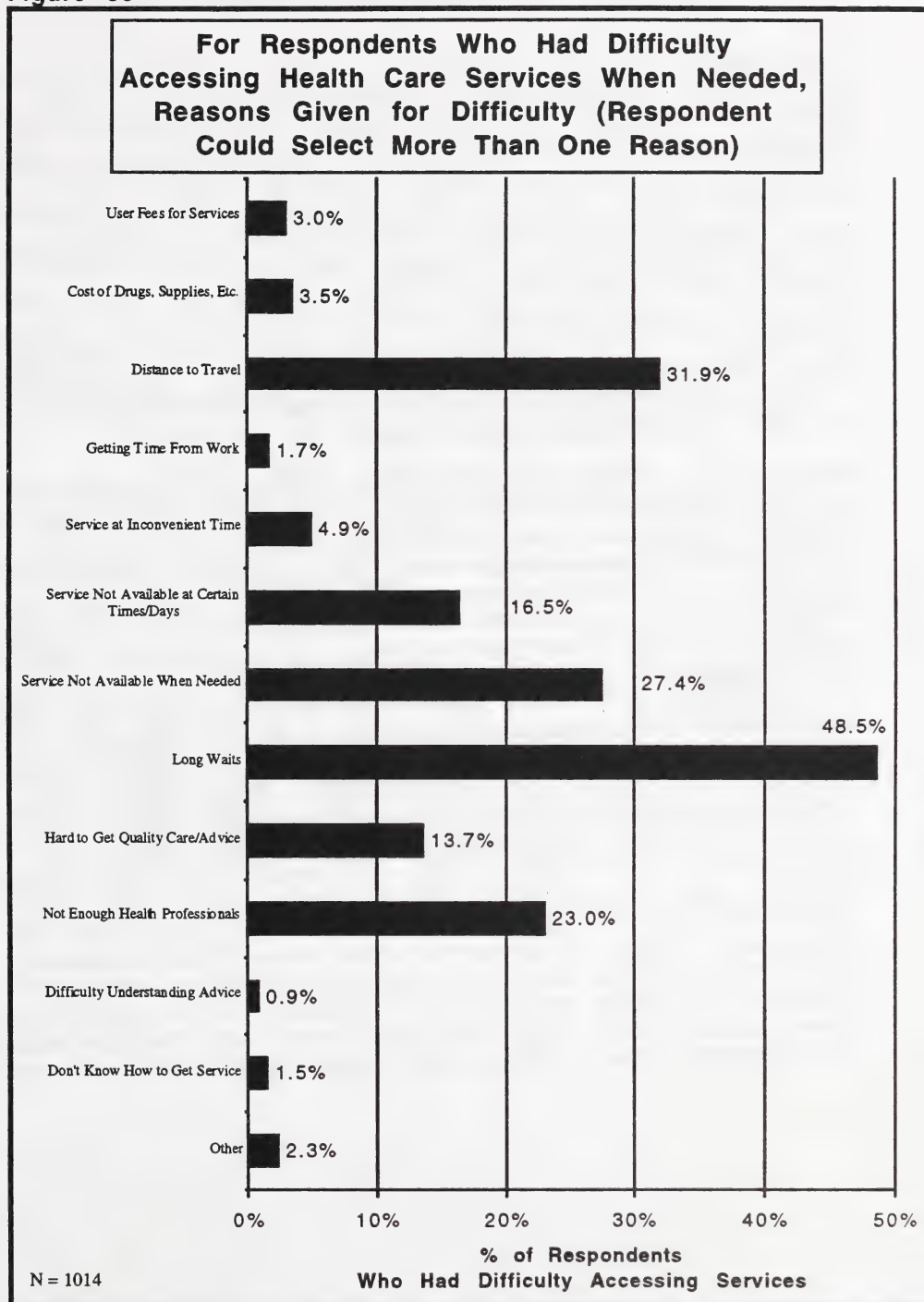


Figure 38



9 *Failure to Receive Needed Care*

Seven percent (7%) of respondents said that over the past 12 months they had been unable to obtain health care services when they needed them (see also pages 24-25 of this report). Figure 39 shows that females generally were more likely to report being unable to obtain needed services than were males, controlling for age. There were no clear trends by age, although males 75+ years of age and females 65+ years of age were least likely to say that they were unable to obtain needed services. Figure 40 indicates that very few respondents were unable to obtain any particular service, when needed. Being unable to obtain the services of medical doctors (either specialists or general practitioners) was the most frequently reported problem (although by only 2.2% and 1.8% of respondents respectively). The third most common problem reported (by 0.9% of respondents) was being unable to obtain emergency care when needed.

Respondents who were unable to obtain one or more health care services when needed in the past 12 months were asked to give one reason to explain why they could not get the service (see Figure 41). Of the relatively small number who could not obtain services when needed, one out of four persons said that the reason was that they could not get an appointment with a health professional. One in six said that they had to wait too long, 8% could not afford the cost, and 7% indicated that the service was not available nearby or was not conveniently located. When asked if not being able to obtain a health service when needed had had any effect on themselves, 86% said "yes". Figure 42 shows that the effects included emotional distress such as anxiety, worry, fear, and depression (reported by 28%), physical distress such as pain and discomfort (reported by 25%), and anger and frustration (reported by 15%). Another 17% said that their illness went untreated, their health got worse, or their recovery was delayed. Four percent (4%) travelled elsewhere for service, and 6% reported that they experienced some impact on their finances or employment. Figure 43 shows that when asked "What happened next?" 28% said that they never received the needed service while another 7% said that they got better on their own. Two out of every three persons unable to get care when needed said that they either got the service later or obtained the needed service somewhere else.

Figure 39

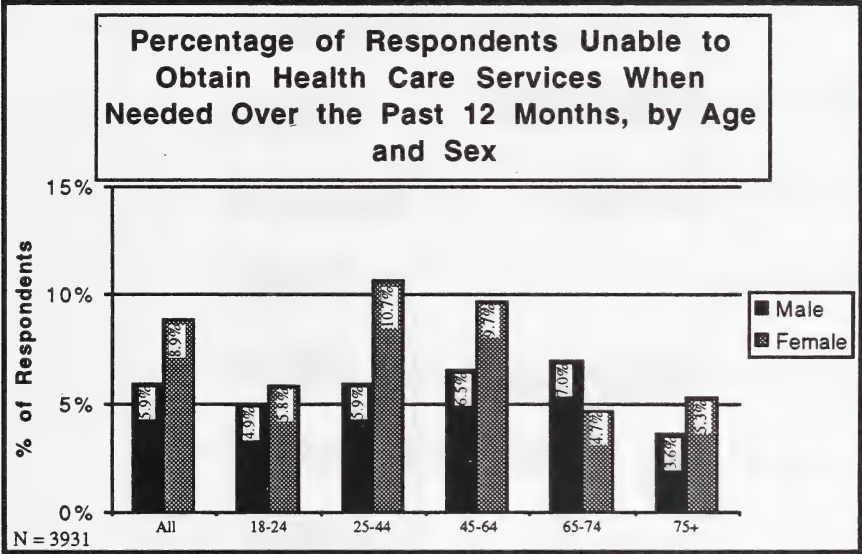


Figure 40

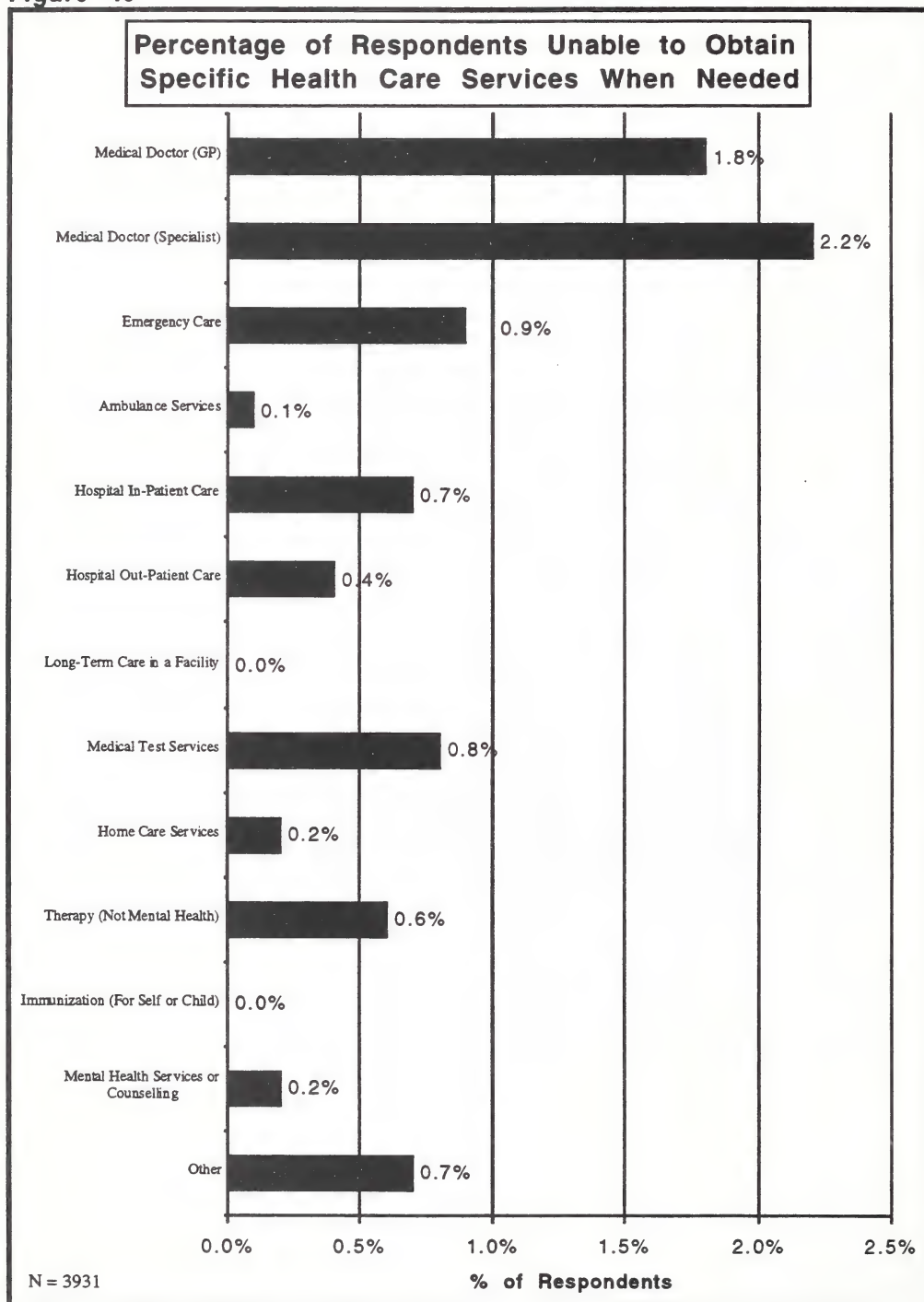


Figure 41

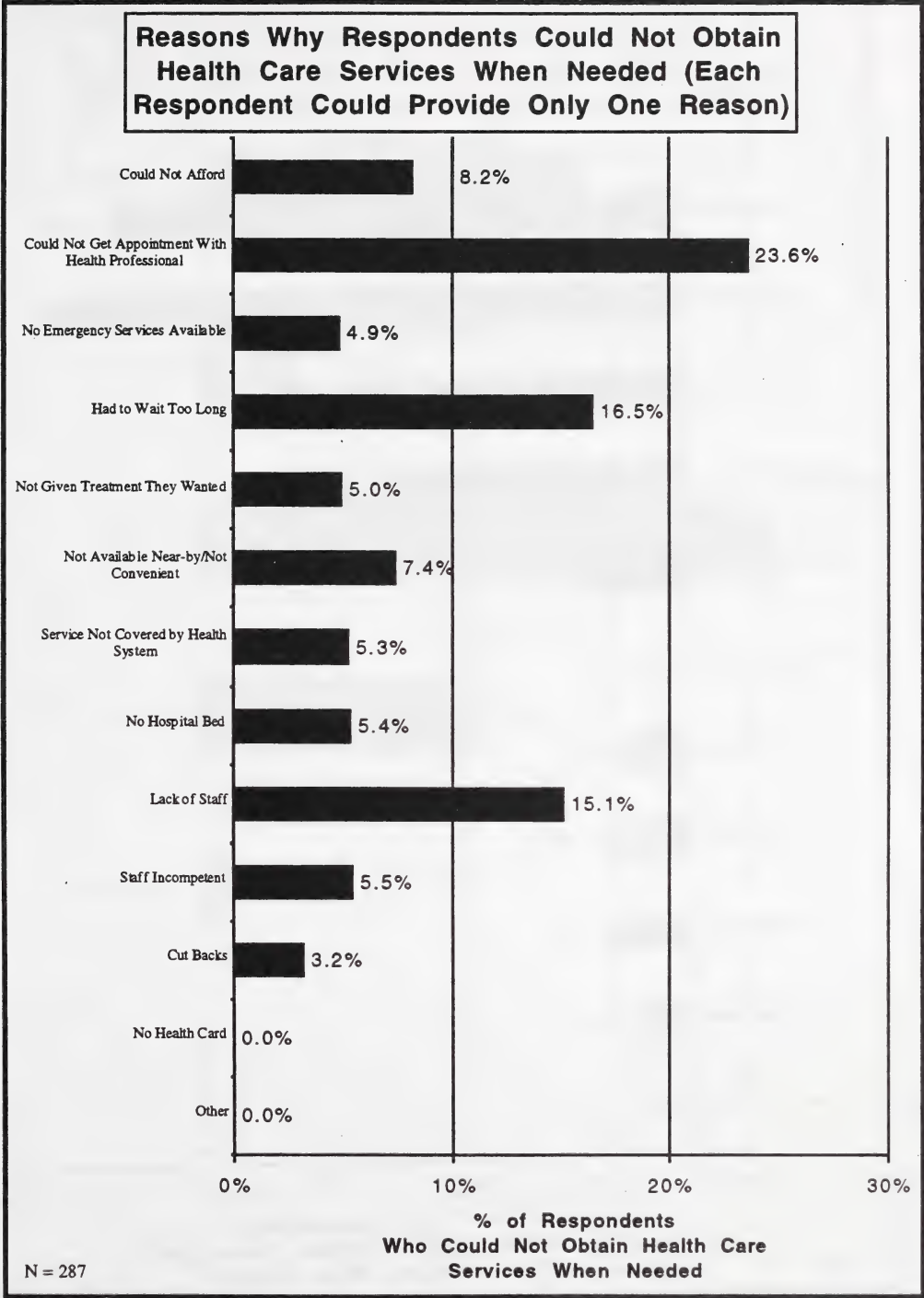


Figure 42

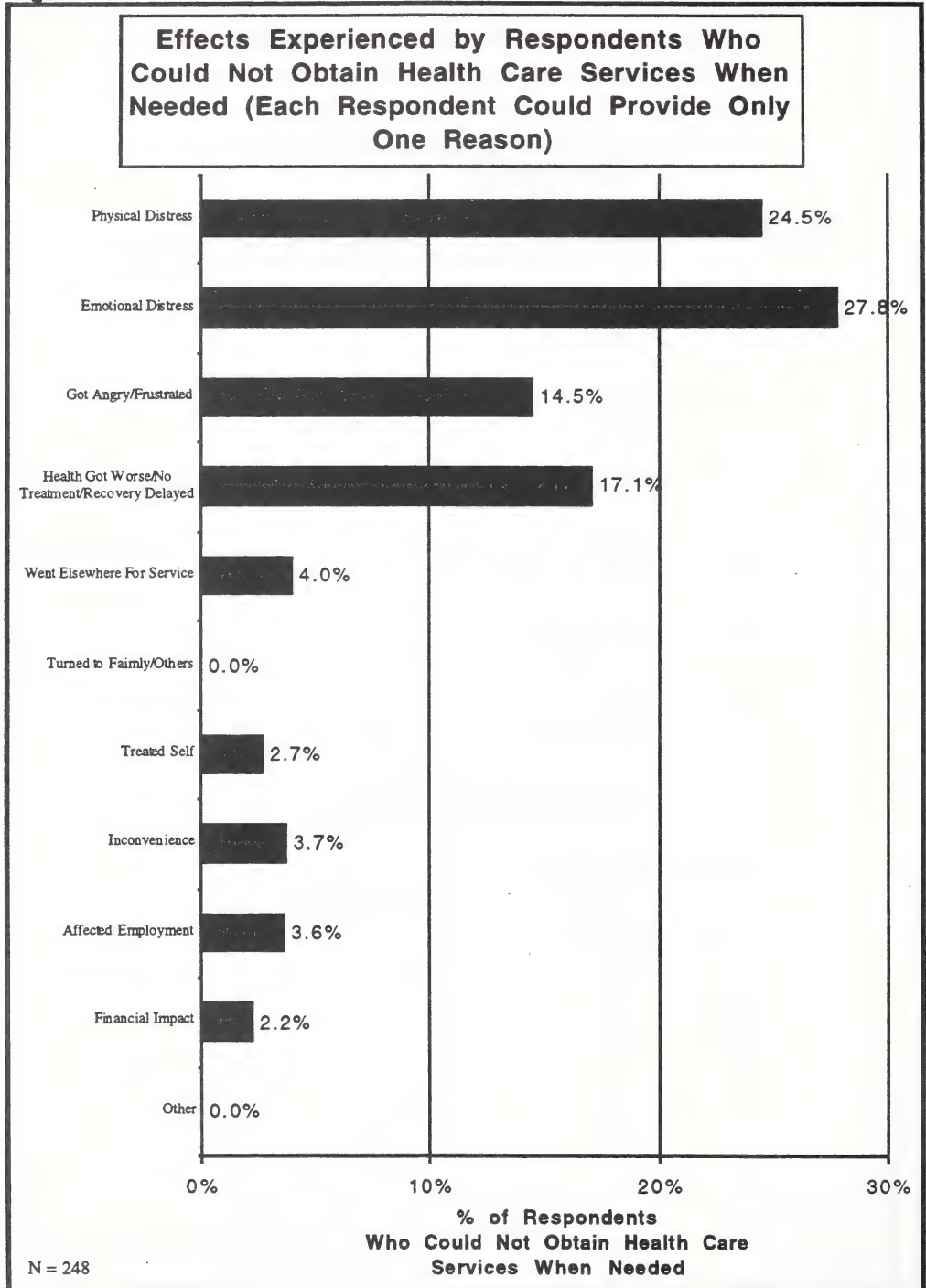
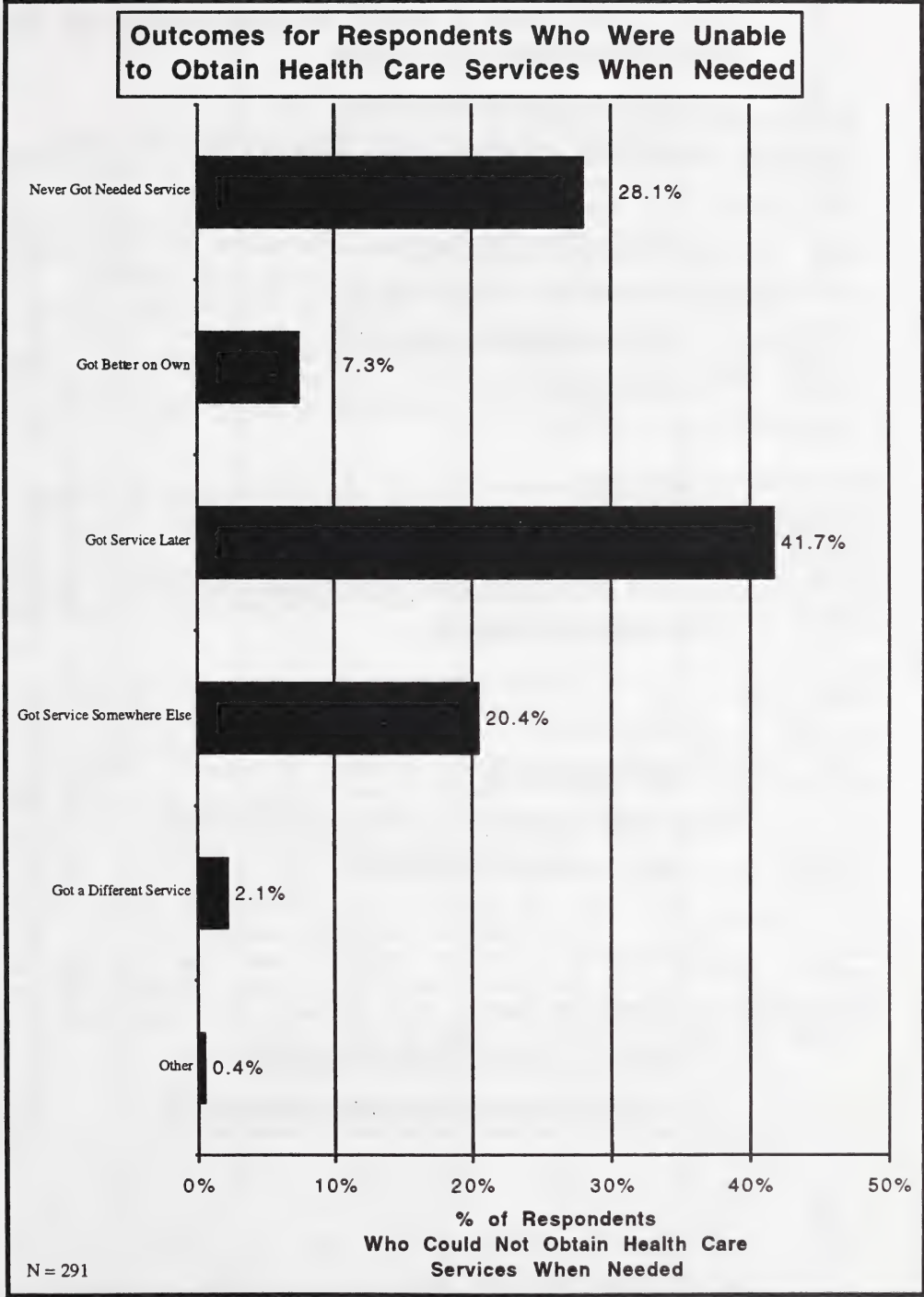


Figure 43



10 Information Received From Health Care Providers and Knowledge of the Health Care System

Seventy-two percent (72%) of respondents reported that they personally received health care services in the past 12 months. These persons who had received health care were asked how much information (a lot, some, very little, none) they usually got from the health care provider about their health, the health services offered to them, the effects of the health service on them, and possible alternative health services. Figure 44 shows that the majority of respondents said that they received either a lot of information or some information about their health, the health services offered to them, and the effects of the health service. The majority of respondents, however, said that they received very little or no information about alternative health services.

Respondents who had received health care in the past 12 months were also asked "In general, how involved were you in making decisions about the health care services you received? Would you say you were involved a lot, some, a little, or not at all?" Figure 44 shows that 43% said they were involved "a lot" while another 32% indicated that they were involved "some".

Respondents who had received health care in the past 12 months were asked to rate their knowledge of which health services are available to them, to indicate if they needed more information about which health services are available to them, to indicate if they knew where to go if they needed emergency medical services, and to rate their knowledge of the health system. Figure 45 shows that 70% of respondents said that their knowledge of which health services were available to them was either excellent (18%) or good (52%). Forty percent (40%) said that they needed more information about health service availability. Most respondents knew where to go for emergency medical services; indeed, only 6% said that they did not know where to go for emergency medical services. Finally, 63% of respondents said that, in general, their knowledge of the health system was either excellent (10%) or good (53%).

Figure 44

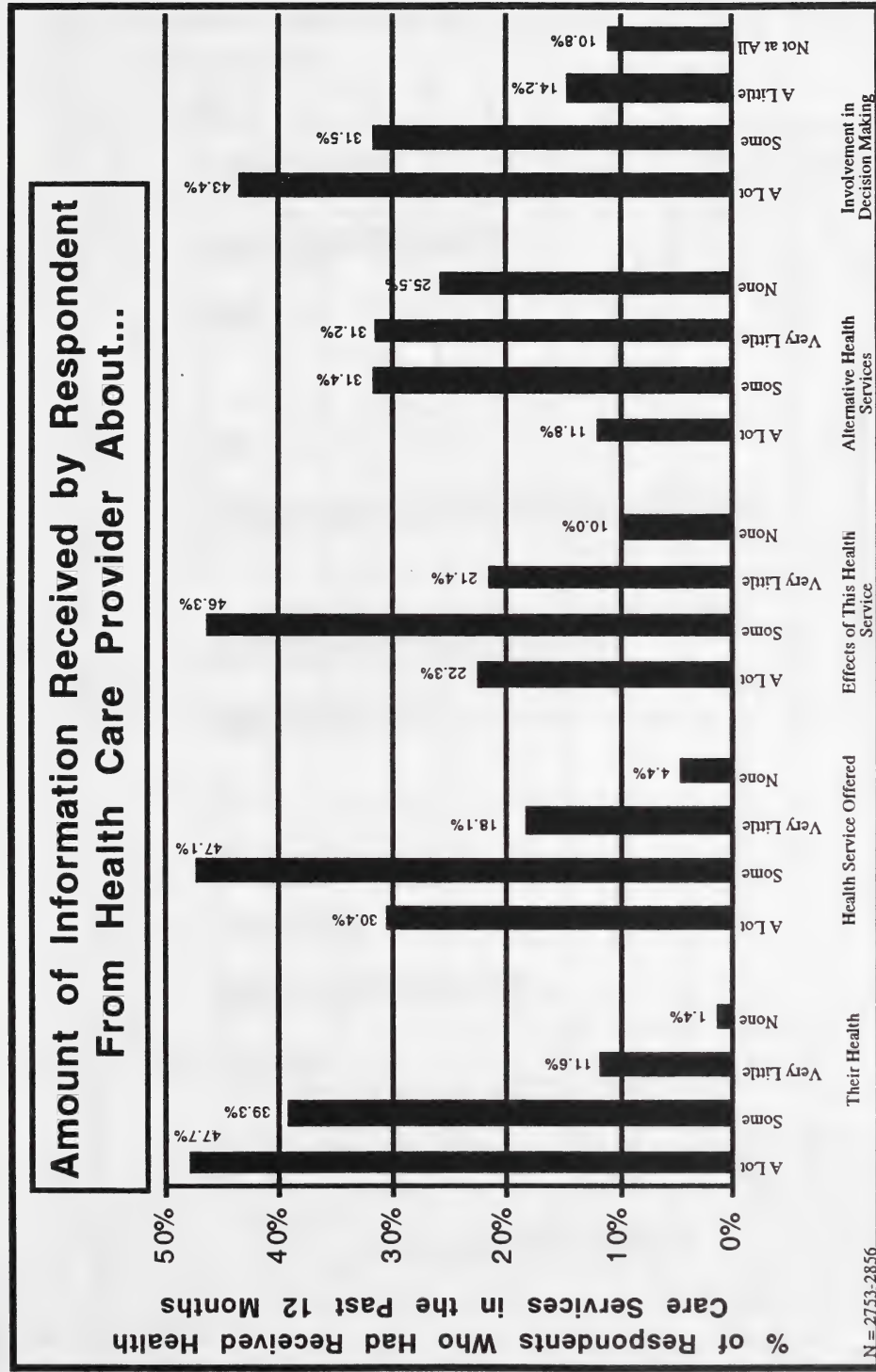
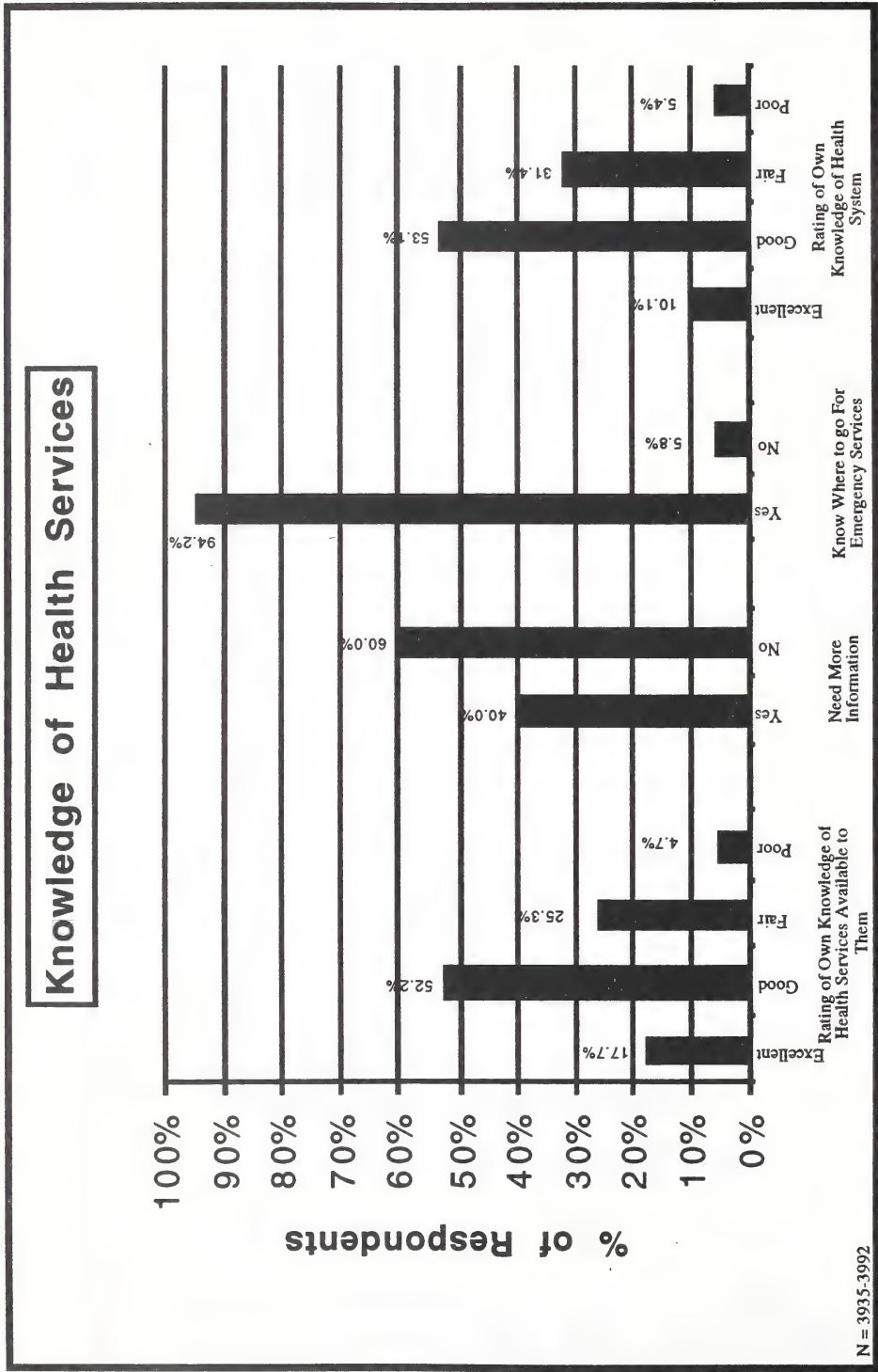


Figure 45



N = 3935-3992

11 Satisfaction With the Health Care System

Respondents were asked to rate on a 4-point scale (excellent, good, fair, or poor): the health care system in Alberta (see also pages 18-19 of this report), the quality of health care services available in their community (see also pages 26-27 of this report), the quality of care personally received in the past 12 months (see also pages 28-29 of this report), and finally, to say how satisfied they were with the health system in Alberta (very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied) (see also pages 32-33 of this report).

Figures 46 to 49 show responses to these questions by age and sex. Figure 46 shows that males tended to rate the health care system in Alberta a little higher than did females. There was also a tendency for the males' ratings to drop slightly with increasing age. Figure 47 shows that males tended to rate the quality of health care services available in their community marginally higher than did females. There was no obvious pattern of differences by age. Figure 48 shows that ratings of health care personally received in the past 12 months did not vary noticeably by either age or sex. Finally, Figure 49 shows that satisfaction with the health care system in Alberta was somewhat higher among males in comparison to females and tended to be higher for the youngest and oldest adults in comparison to the middle age groups.

Nine percent (9%) of respondents rated the health care system in Alberta as "poor" while another 31% rated it as "fair". The respondents who rated the health care system as fair or poor were asked "What is it about the health system that makes you rate it as fair/poor?" Respondents could give more than one answer, up to a maximum of three. Most of the reasons given can be grouped into three categories (see Figure 50): funding (cuts, focus on costs and not health, user fees), accessibility and availability of services (long waiting times, harder to get services, fewer health services, hospital closures, doctors leaving), and dissatisfaction with quality (low quality, not satisfied with service received, system getting worse).

Seventy-two percent (72%) of respondents had received health care services in the past 12 months. Those who had received services were asked to rate the quality of care received (see Figure 17). Those persons who had received care and who rated it as either "poor" or "fair" (14% responded in this way) were asked "Why do you say that the quality of health service you received was fair/poor?" and multiple responses were recorded, when given. The reasons these persons gave for their rating of care received are shown in Figure 51. The most frequent complaint concerned having to wait too long. Others

complained that they did not get the desired treatment, were not treated with courtesy and respect, did not have the opportunity to ask questions, or were given incorrect information or incorrect treatment. Some felt that their health did not get better or got worse.

Respondents who had received health care services in the past 12 months were asked "How did the health care services you received in the past 12 months affect your health? Would you say the results were excellent, good, fair, or poor?" Twenty-eight percent (28%) said that the results were excellent, 55% indicated good, 12% selected fair, and 5% said that results were poor. (See also pages 30-31 of this report.)

Respondents who had received health care services in the past 12 months were then asked "Did you ever want to make a complaint about health services you received during the past year?" Eighteen percent (18%) answered yes. However, only 151 persons (5.2%) out of a total of 2883 persons receiving care reported actually making a complaint. Complaints were made to the following: their doctor (41%), the person providing the service (20%), the person in charge of the health care facility (14%), the regional health authority (13%), a professional group such as the College of Physicians and Surgeons (10%), an appeals body such as the Health Services Review Committee (6%), Alberta Health (3%), and elected government officials (16%). Some complained to more than one person or agency. Some complained informally to family or friends (11%) or to the media (3%). Those persons who made a formal complaint were then asked how satisfied they were with the response to their complaint. Ten percent (10%) said that they were very satisfied, another 32% indicated they were satisfied, 33% said they were dissatisfied, and 26% indicated that they were very dissatisfied.

A total of 360 respondents (out of 2883 persons receiving health care services in the past year) had wanted to complain but did not make a formal complaint. Reasons given for not formally complaining included not knowing how (30%), believing that nothing would be done about the complaint (37%), feeling it was too much trouble (19%), perceiving that there was no one to complain to (11%), feeling that their complaint was not important enough (8%), and fearing that complaining would make things worse (8%).

Finally, respondents were asked "At the present time, how would you rate the health system in Alberta on its ability to protect the privacy of a person's health records? Would you say very good, good, fair, or poor?" Twenty-one percent (21%) said "very good," 31% selected "good," 12% said "fair," and 5% said "poor." Thirty-one percent (31%) said that they did not know how to respond.

Figure 46

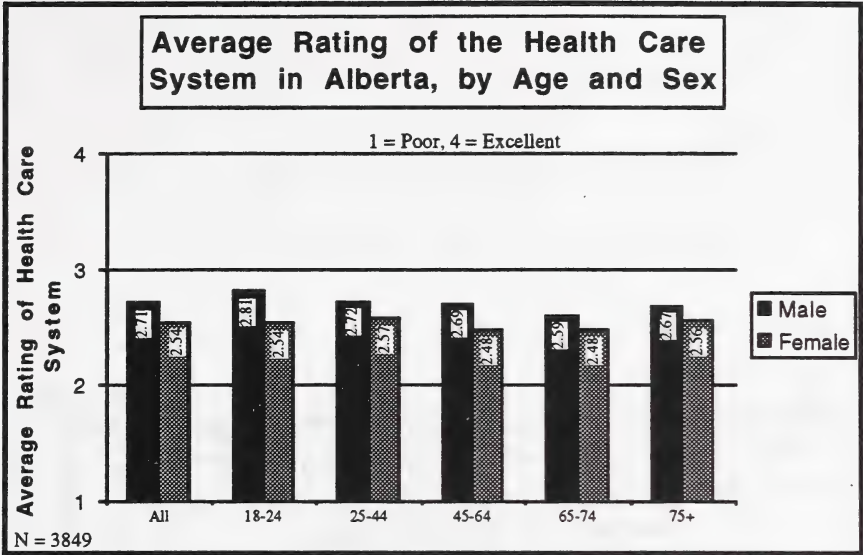


Figure 47

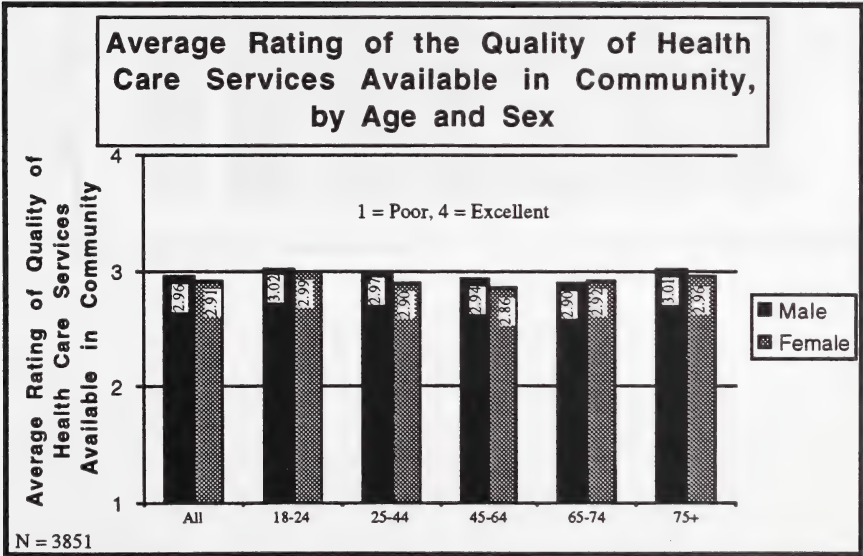


Figure 48

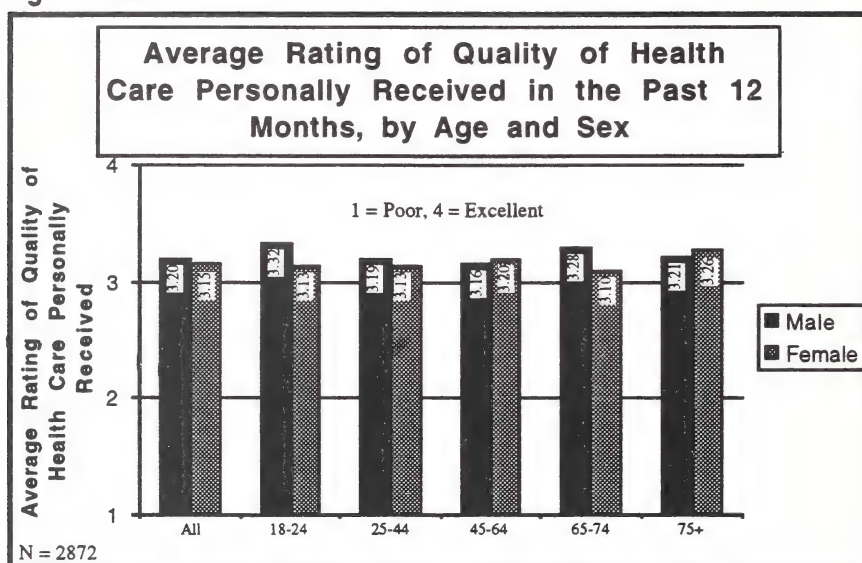


Figure 49

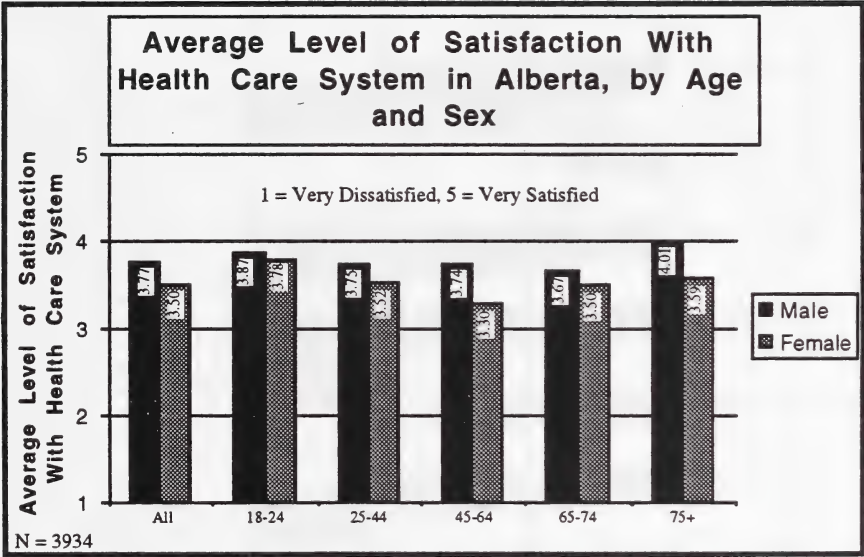


Figure 50

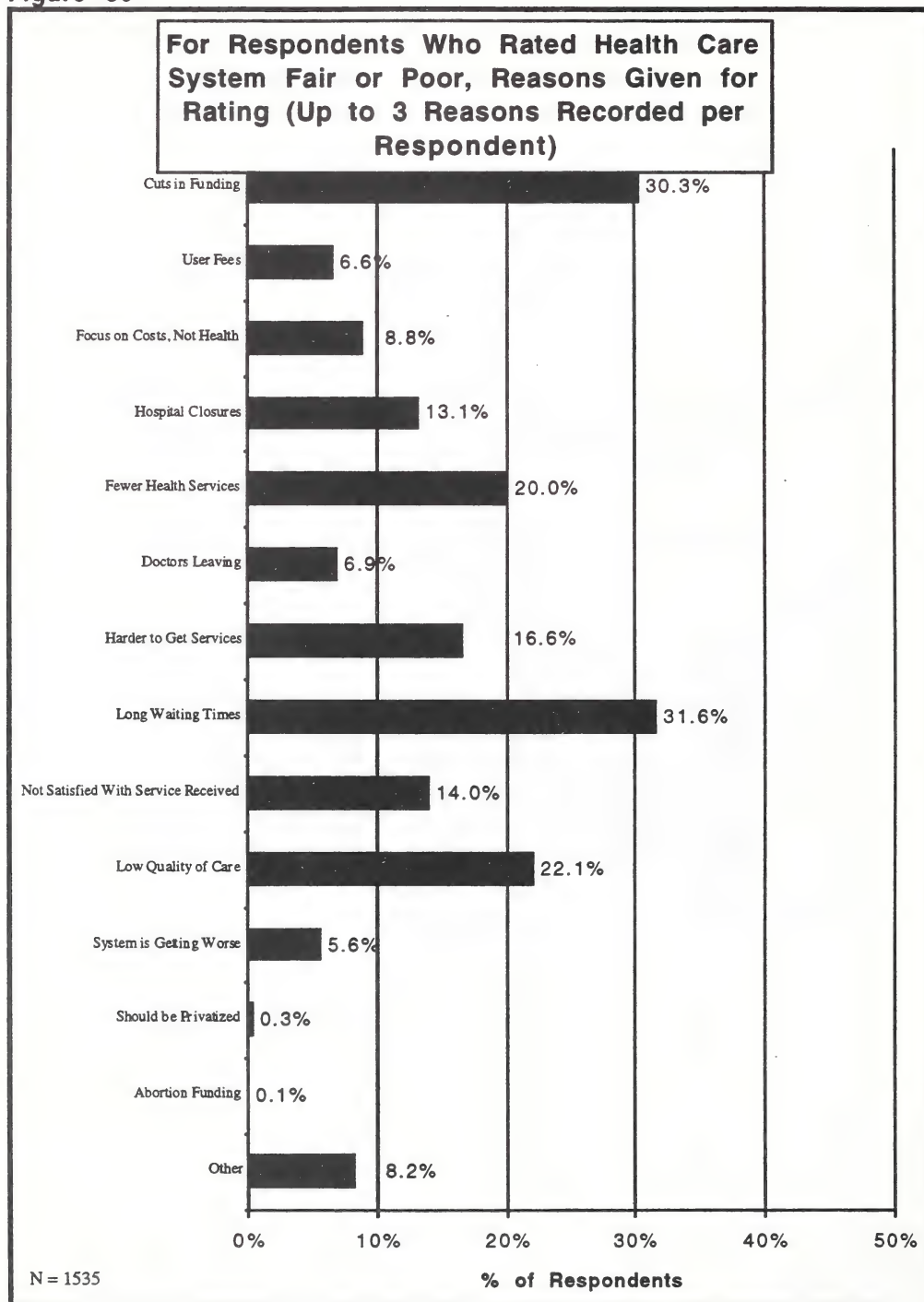
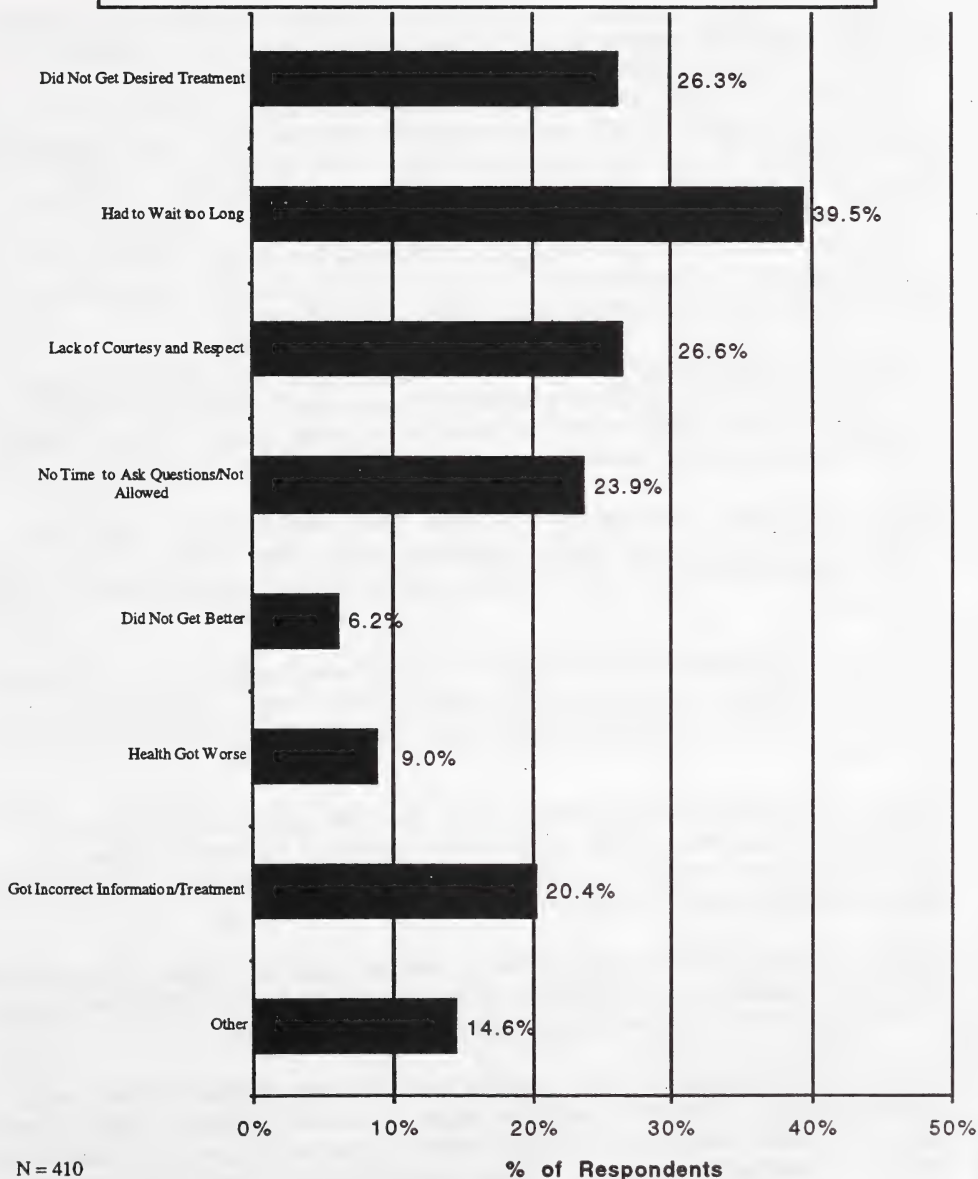


Figure 51

For Respondents Who Received Health Care Services in the Past 12 Months and Who Rated That Service as Fair or Poor, Reasons Given for Rating (Respondent Could Give More Than one Reason)



12 *The Relationship Between Need For Health Care Services and Ratings of the Health Care System*

Key performance measures of the health system defined by Alberta Health included respondents' ratings of the health care system in Alberta, ratings of the accessibility of health care services, the percentage of respondents able/unable to obtain health services when needed, ratings of quality of care personally received, and satisfaction with the health care system in Alberta. Four measures of health care need were defined: self-reported health status, having a chronic health problem requiring regular health services, respondent's level of need for health services, and level of need for health services for most needy person in household. Tables 1 to 20 examine the relationship between health care needs and these key measures.

Tables 1-4 show that ratings of the health care system in Alberta tended to fall with declining health status and increasing health needs. In other words, some of those who were most likely to have relied most heavily on the health care system had the lowest evaluation of it.

Tables 5-8 show that ratings in both 1996 and 1997 of how easy or difficult it is to access health services when they were needed tended to fall with declining health status and with increasing need for health services.

Tables 9-12 show that the percentage of respondents who reported not being able to obtain health care services when needed tended to rise with declining health status and with increasing need for health services.

Tables 13-16 show that ratings in both 1996 and 1997 of care personally received in the past twelve months tended to show a similar pattern, that is, declining ratings were associated with poor health status and increased need for health services.

Finally, Tables 17-20 again show a similar pattern. That is, satisfaction with the health care system in Alberta tended to fall with declining health status and increasing need for health services.

In summary, ratings of the Alberta health care system tended to be quite positive. However, persons who reported a poorer health status tended to rate the health system more negatively than did healthier people. Similarly, persons who reported higher levels of need for health services (either their own need or the need of a household member) tended to be more likely to rate the health system

negatively. Just the same, the majority of persons in poorer health and the majority of persons with higher need for health services reported satisfaction with the health system.

Table 1
Rating of Health Care System in Alberta, by Self-Reported Health Status

Rating of Health Care System in Alberta	Self-Reported Health Status (%)				
	Excellent	Very Good	Good	Fair	Poor
Excellent	16.7	10.9	7.7	8.1	9.7
Good	50.8	52.0	48.6	37.8	30.8
Fair	27.3	31.7	32.0	34.7	29.3
Poor	5.2	5.4	11.7	19.4	30.2
Total (n)	100 (933)	100 (1453)	100 (997)	100 (320)	100 (140)

$\chi^2 = 219$, $df = 12$, $p < .000$

Table 2
Rating of Health Care System in Alberta, by Chronic Health Problem Requiring Regular Health Services

Rating of Health Care System in Alberta	Have Chronic Health Problem Requiring Regular Health Services (%)	
	Yes	No
Excellent	10.7	11.4
Good	44.4	50.3
Fair	32.3	30.5
Poor	12.6	7.9
Total (n)	100 (913)	100 (2923)

$\chi^2 = 24$, $df = 3$, $p < .000$

Table 3

Rating of Health Care System in Alberta, by Own Level of Need for Health Services in Past Year

Rating of Health Care System in Alberta	Own Level of Need for Health Services in Past Year (%)		
	Low	Moderate	High
Excellent	11.8	9.9	11.3
Good	49.9	48.8	42.8
Fair	30.8	32.1	28.0
Poor	7.5	9.2	17.9
Total (n)	100 (2498)	100 (975)	100 (355)

$$\chi^2 = 44, df = 6, p < .000$$

Table 4

Rating of Health Care System in Alberta, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

Rating of Health Care System in Alberta	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)		
	Low	Moderate	High
Excellent	12.1	10.5	10.7
Good	51.7	49.0	42.6
Fair	29.7	32.1	30.7
Poor	6.5	8.4	15.9
Total (n)	100 (1637)	100 (1468)	100 (680)

$$\chi^2 = 61, df = 6, p < .000$$

Table 5

Ease of Access to Health Care Services, by Self-Reported Health Status

Ease of Access to Health Care Services	Self-Reported Health Status (%)									
	Excellent		Very Good		Good		Fair		Poor	
	1997	1996	1997	1996	1997	1996	1997	1996	1997	1996
Very Easy	27.4	33.0	22.6	23.1	17.6	18.4	13.8	12.7	10.8	12.1
Easy	53.4	49.8	54.5	56.4	52.1	52.7	48.0	48.5	33.4	37.3
A Bit Difficult	17.5	15.5	20.4	18.5	26.2	24.1	31.8	32.1	39.3	28.8
Very Difficult	1.8	1.7	2.6	2.0	4.2	4.8	6.4	6.7	16.5	21.8
Total (n)	100 (953)	100 (954)	100 (1438)	100 (1478)	100 (987)	100 (927)	100 (316)	100 (336)	100 (145)	100 (120)

 χ^2 1996 = 270, $df = 12$, $p < .000$ χ^2 1997 = 189, $df = 12$, $p < .000$

Table 6

Ease of Access to Health Care Services, by Chronic Health Problem Requiring Regular Health Services

Ease of Access to Health Care Services	Have Chronic Health Problem Requiring Regular Health Services (%)			
	Yes		No	
	1997	1996	1997	1996
Very Easy	17.8	19.3	22.4	24.2
Easy	45.2	46.7	54.4	54.4
A Bit Difficult	31.2	28.3	20.2	18.4
Very Difficult	5.9	5.7	2.9	3.0
Total (n)	100 (900)	100 (877)	100 (2932)	100 (2934)

 χ^2 1996 = 60, $df = 3$, $p < .000$ χ^2 1997 = 72, $df = 3$, $p < .000$

Table 7

Ease of Access to Health Care Services, by Own Level of Need for Health Services in Past Year

Ease of Access to Health Care Services	Own Level of Need for Health Services in Past Year (%)					
	Low		Moderate		High	
	1997	1996	1997	1996	1997	1996
Very Easy	23.3	24.7	17.6	17.9	18.6	26.9
Easy	53.5	53.9	52.2	52.2	43.0	43.4
A Bit Difficult	20.5	18.5	26.7	26.3	27.3	20.2
Very Difficult	2.6	2.9	3.5	3.5	11.1	9.5
Total (n)	100 (2498)	100 (2499)	100 (974)	100 (981)	100 (355)	100 (328)

 χ^2 1996 = 78, df = 6, $p < .000$ χ^2 1997 = 95, df = 6, $p < .000$

Table 8

Ease of Access to Health Care Services, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

Ease of Access to Health Care Services	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)					
	Low		Moderate		High	
	1997	1996	1997	1996	1997	1996
Very Easy	24.2	25.1	20.2	21.0	17.7	21.4
Easy	54.5	54.6	53.0	52.2	45.4	47.6
A Bit Difficult	19.2	16.9	23.7	24.6	28.4	23.2
Very Difficult	2.0	3.3	3.1	2.2	8.5	7.8
Total (n)	100 (1644)	100 (1795)	100 (1464)	100 (1325)	100 (676)	100 (590)

 χ^2 1996 = 71, df = 6, $p < .001$ χ^2 1997 = 97, df = 6, $p < .001$

Table 9

Percentage of Respondents Able or Unable to Obtain Health Services When Needed, by Self-Reported Health Status

% Able or Unable to Obtain Health Care Services When Needed	Self-Reported Health Status (%)				
	Excellent	Very Good	Good	Fair	Poor
Able	95.2	94.2	91.4	89.3	73.7
Unable	4.8	5.8	8.6	10.7	26.3
Total (n)	100 (974)	100 (1471)	100 (1009)	100 (327)	100 (143)

$$\chi^2 = 97, df = 4, p < .000$$

Table 10

Percentage of Respondents Able or Unable to Obtain Health Services When Needed, by Chronic Health Problem Requiring Regular Health Services

% Able or Unable to Obtain Health Care Services When Needed	Have Chronic Health Problem Requiring Regular Health Services (%)	
	Yes	No
Able	86.3	94.5
Unable	13.7	5.5
Total (n)	100 (923)	100 (2996)

$$\chi^2 = 70, df = 1, p < .000$$

Table 11

Percentage of Respondents Able or Unable to Obtain Health Services When Needed, by Own Level of Need for Health Services in Past Year

% Able or Unable to Obtain Health Care Services When Needed	Own Level of Need for Health Services in Past Year (%)		
	Low	Moderate	High
Able	95.5	90.6	76.6
Unable	4.5	9.4	23.4
Total (n)	100 (2567)	100 (986)	100 (353)

$$X^2 = 166, df = 2, p < .000$$

Table 12

Percentage of Respondents Able or Unable to Obtain Health Services When Needed, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

% Able or Unable to Obtain Health Care Services When Needed	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)		
	Low	Moderate	High
Able	96.4	93.2	82.1
Unable	3.6	6.8	17.9
Total (n)	100 (1704)	100 (1482)	100 (676)

$$X^2 = 146, df = 2, p < .000$$

Table 13

Rating of Quality of Care Personally Received in Past 12 Months, by Self-Reported Health Status

Rating of Quality of Care Personally Received in Past 12 Months	Self-Reported Health Status (%)									
	Excellent		Very Good		Good		Fair		Poor	
	1997	1996	1997	1996	1997	1996	1997	1996	1997	1996
Excellent	45.4	42.8	38.0	34.8	27.1	29.1	23.0	25.0	28.3	26.6
Good	47.1	47.0	50.5	53.5	56.9	55.3	49.8	54.0	35.0	37.7
Fair	5.9	8.5	9.4	9.5	12.9	12.0	20.8	16.4	22.0	27.6
Poor	1.6	1.7	2.1	2.2	3.1	3.5	6.3	4.6	14.7	8.1
Total (n)	100 (674)	100 (645)	100 (1053)	100 (1040)	100 (750)	100 (708)	100 (269)	100 (276)	100 (123)	100 (101)

 χ^2 1996 = 94, $df = 12$, $p < .000$ χ^2 1997 = 189, $df = 12$, $p < .000$

Table 14

Rating of Quality of Care Personally Received in Past 12 Months, by Chronic Health Problem Requiring Regular Health Services

Rating of Quality of Care Personally Received in Past 12 Months	Have Chronic Health Problem Requiring Regular Health Services (%)			
	Yes		No	
	1997	1996	1997	1996
Excellent	33.9	33.1	35.4	34.3
Good	48.0	49.3	51.8	53.0
Fair	13.9	13.4	10.0	10.3
Poor	4.3	4.2	2.8	2.4
Total (n)	100 (817)	100 (785)	100 (2047)	100 (1983)

 χ^2 1996 = 13, $df = 3$, $p = .006$ χ^2 1997 = 14, $df = 3$, $p = .003$

Table 15

Rating of Quality of Care Personally Received in Past 12 Months, by Own Level of Need for Health Services in Past Year

Rating of Quality of Care Personally Received in Past 12 Months	Own Level of Need for Health Services in Past Year (%)					
	Low		Moderate		High	
	1997	1996	1997	1996	1997	1996
Excellent	36.9	35.4	32.1	28.6	33.4	40.7
Good	51.9	53.9	50.7	54.4	44.1	35.6
Fair	9.3	8.7	14.3	13.8	12.0	17.2
Poor	1.9	2.0	2.8	3.3	10.5	6.5
Total (n)	100 (1675)	100 (1610)	100 (847)	100 (836)	100 (337)	100 (320)

χ^2 1996 = 75, df = 6, $p < .000$

χ^2 1997 = 85, df = 6, $p < .000$

Table 16

Rating of Quality of Care Personally Received in Past 12 Months, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

Rating of Quality of Care Personally Received in Past 12 Months	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)					
	Low		Moderate		High	
	1997	1996	1997	1996	1997	1996
Excellent	36.6	33.9	33.7	32.4	35.5	37.1
Good	52.4	54.0	51.6	53.6	45.0	42.8
Fair	9.1	9.4	12.0	12.4	12.7	14.2
Poor	1.9	2.7	2.6	1.6	6.9	5.9
Total (n)	100 (1088)	100 (1153)	100 (1166)	100 (1052)	100 (577)	100 (494)

χ^2 1996 = 42, df = 6, $p < .000$

χ^2 1997 = 43, df = 6, $p < .000$

Table 17
Satisfaction With Health Care System in Alberta, by Self-Reported Health Status

Satisfaction With Health Care System in Alberta	Self-Reported Health Status (%)				
	Excellent	Very Good	Good	Fair	Poor
Very Satisfied	26.1	18.5	15.3	17.1	14.9
Somewhat Satisfied	46.5	49.3	48.1	41.8	35.9
Neither Sat'd/Dis'd	14.8	16.1	15.2	12.3	7.6
Somewhat Dissatisfied	10.3	13.4	17.0	23.2	23.2
Very Dissatisfied	2.4	2.8	4.4	5.7	18.5
Total (n)	100 (979)	100 (1482)	100 (1000)	100 (325)	100 (141)

$\chi^2 = 181, df = 16, p < .000$

Table 18

Satisfaction With Health Care System in Alberta, by Chronic Health Problem Requiring Regular Health Services

Satisfaction With Health Care System in Alberta	Have Chronic Health Problem Requiring Regular Health Services (%)	
	Yes	No
Very Satisfied	19.2	19.5
Somewhat Satisfied	40.2	49.2
Neither Sat'd/Dis'd	12.0	15.7
Somewhat Dissatisfied	21.2	12.8
Very Dissatisfied	7.5	2.8
Total (n)	100 (918)	100 (3003)

$X^2 = 92$, $df = 4$, $p < .000$

Table 19
Satisfaction With Health Care System in Alberta, by Own Level of Need for Health Services in Past Year

Satisfaction With Health Care System in Alberta	Own Level of Need for Health Services in Past Year (%)		
	Low	Moderate	High
Very Satisfied	20.2	16.7	21.3
Somewhat Satisfied	46.2	52.4	39.3
Neither Sat'd/Dis'd	16.8	11.7	9.2
Somewhat Dissatisfied	13.5	16.1	20.1
Very Dissatisfied	3.3	3.0	10.1
Total (n)	100 (2579)	100 (982)	100 (353)

$\chi^2 = 87, df = 8, p < .000$

Table 20

Satisfaction With Health Care System in Alberta, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

Satisfaction With Health Care System in Alberta	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)		
	Low	Moderate	High
Very Satisfied	21.3	18.0	18.6
Somewhat Satisfied	46.0	51.2	42.4
Neither Sat'd/Dis'd	16.5	13.8	11.6
Somewhat Dissatisfied	13.0	14.1	20.0
Very Dissatisfied	3.2	3.0	7.4
Total (a)	100 (1708)	100 (1482)	100 (681)

$\chi^2 = 67, df = 8, p < .000$

Appendix A - Questionnaire

The 1997 Public Survey about Health and the Health System in Alberta

CATI Telephone Questionnaire

1	Quota Cell for Regional Health Authority/Sex/Age Category	
2	Telephone Number	
3	CATI Record Number	
4	Interviewer's Name	
5	Date	
6	Start Time	
7	Finish Time	

Population Research Laboratory
University of Alberta

April 29, 1997

TELEPHONE INTRODUCTION SHEET 1996

1. Hello, my name is _____ and I'm calling (long distance) from the Population Research Lab at the University of Alberta.
2. I have dialed XXX-XXXX. Is this correct?
3. Your telephone number was selected at random by computer.
4. The Lab is conducting a public opinion study to help Alberta Health better understand the views of Albertans on health and the health care system in this province.
5. To ensure that we speak to a good cross-section of people for your health region, can you please tell me the following:

- a. How many women and men aged 18 or over live at this number?

NUMBER OF WOMEN? _____

98 Refused

NUMBER OF MEN? _____

98 Refused

RECORD SEX OF POTENTIAL RESPONDENT

Male.....1

Female.....2

- b. In which age category do you belong? (READ CATEGORIES)

18-24 years.....1

25-44 years.....2

45-64 years.....3

65-74 years.....4

75 years or older.....5

0 Refused. Thank you very much for your time. INTERVIEW
WILL TERMINATE IF "1" IS PRESSED.

IF AGE/GENDER QUOTAS ARE FILLED, LOOK AT QUOTA SHEET TO ASK
FOR SOMEONE ELSE WHO MAY BE QUALIFIED AND BACK UP (ESCAPE
KEY) TO REQUALIFY. TERMINATE INTERVIEW IF AGE REFUSED OR
AGE/GENDER QUOTAS ARE FILLED; OTHERWISE CONTINUE.

6. I would like to interview you. I'm hoping that now is a good time for you. Your opinions are very important for the research that is being done for health care decision-makers in Alberta.

7. Before we start, I'd like to assure you that your participation is voluntary and that any information you provide will be kept anonymous. If there are any questions that you do not wish to answer, please feel free to point these out to me and we'll go on to the next question. You of course have the right to terminate the interview at any time.

(INFORMATION FOR A RELUCTANT PARTICIPANT)

8. Your name is not required and no one can identify individual answers in this study. If you have any questions about the survey, you can call (collect) to the Study Supervisor (in Edmonton) at 492-2505, between 9:00 a.m. and 9:30 p.m., for further information. You may also check the legitimacy of this study with the Registration Branch of Alberta Health at 427-1432 (days only).

PRESS "1" TO CONTINUE.

I WOULD LIKE TO BEGIN WITH SOME QUESTIONS ON YOUR HEALTH.

1. In general, compared with other people your age, would you say your health is:

Excellent.....1
Very Good.....2
Good.....3
Fair.....4
Poor.....5

Don't Know (**VOLUNTEERED**) ...6
No Response.....0

2. In general, how would you describe your current habits and lifestyle? Would you say they are:

Very healthy.....1
Healthy.....2
Somewhat unhealthy.....3
Very unhealthy.....4

Don't Know (**VOLUNTEERED**) ...5
No Response.....0

3. a. In the past 12 months, have you made any changes in your habits or lifestyle to improve your health?

Yes.....1 (ASK b)
No.....2 (GO TO 4)

No Response.....0 (GO TO 4)

- b. What changes have you made? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Quit/reduced smoking.....
Reduced/quit alcohol.....
Changed diet.....
Lost weight.....
Increased exercise.....
Changed sexual behavior/reduced risk of STD.....
Reduced drug/medication use.....
Managed/reduced blood pressure.....
Managed/reduced cholesterol.....
Managed/reduced stress.....
Changed physical environment.....
Received medical treatment.....
Improved dental hygiene.....
Used vitamin or herbal remedy.....
Other (PLEASE SPECIFY)
No Response.....
No Other/Exit.....

4. a. In the next 12 months, do you plan to make any changes in your habits or lifestyle to improve your health?

Yes.....1 (ASK b)
No.....2 (GO TO 5)

No Response.....0 (GO TO 5)

- b. What changes do you plan to make? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Quit/reduce smoking.....
Reduce/quit alcohol.....
Change diet.....
Lose weight.....
Increase exercise.....
Change sexual behavior/reduce risk of STD.....
Reduce drug/medication use.....
Manage/reduce blood pressure.....
Manage/reduce cholesterol.....
Manage/reduce stress.....
Change physical environment.....
Receive medical treatment.....

Improve dental hygiene.....
Use vitamin or herbal remedy.....
Other (**PLEASE SPECIFY**).....
No Response.....
No Other/Exit.....

THE NEXT QUESTIONS ARE ABOUT THE HEALTH SYSTEM.

5. Thinking now about the health care system in Alberta, overall, how would you rate it? Would you say it is:

Excellent.....1 (**GO TO 7**)
Good.....2 (**GO TO 7**)
Fair.....3 (**ASK 6**)
Poor.....4 (**ASK 6**)

Don't Know (**VOLUNTEERED**)...5 (**GO TO 7**)
No Response.....0 (**GO TO 7**)

(ASK Q6 ONLY IF RESPONSE TO Q5 IS EITHER FAIR OR POOR)

6. What is it about the health system that makes you rate it (fair/poor)? (**DO NOT READ LIST. SELECT A MAXIMUM OF 3 RESPONSES**)

Not satisfied with service received.....
Cuts in funding.....
Hospital closures.....
Fewer health services.....
Doctors leaving.....
Low quality of care.....
User fees.....
It is getting worse.....
Should be privatized.....
Abortion funding.....
Focus on costs, not health.....
Harder to get services.....
Long waiting times for service.....
Other (**PLEASE SPECIFY**).....
No Response.....
No Other/Exit.....

7. Overall, how would you rate the AVAILABILITY of health care services in your community? Would you say...

Excellent.....1
Good.....2
Fair.....3
Poor.....4

Don't Know (**VOLUNTEERED**)...5
No Response.....0

8. a. How easy or difficult is it for you to get the health care services you need when you need them? Would you say it is:

Very easy.....1 (GO TO 9)

Easy.....2 (GO TO 9)

A bit difficult.....3 (ASK b)

Very difficult.....4 (ASK b)

No Response.....0 (GO TO 9)

- b. What makes it difficult for you? (DO NOT READ LIST. SELECT ALL THAT APPLY)

User fees for service.....

Distance to travel for service.....

Getting time from work

Service at inconvenient time.....

Service not available at certain times/days.....

Cost of drugs, supplies, etc.....

Can't get service when it is needed.....

Long waits.....

Hard to get quality care/advice.....

Not enough health professionals.....

Difficulty understanding what I am told.....

I don't know how to get what I need.....

Other (PLEASE SPECIFY).....

No Response.....

No Other/Exit.....

9. a. Over the past 12 months, were you ever unable to obtain health care services when you needed them?

Yes.....1 (ASK b)

No.....2 (GO TO 10)

No Response.....0 (GO TO 10)

- b. What type of service or services were you unable to obtain? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Medical doctor (GP).....

Medical doctor (specialist).....

Emergency care.....

Ambulance service.....

Hospital in-patient care.....

Hospital out-patient care.....

Long-term care in a facility.....

Medical test services.....

Home care services.....

Therapy (not mental health).....

Immunization for self/child.....

Mental health services or counseling.....

Other (PLEASE SPECIFY).....

No Response.....

No other/Exit.....

- c. Why could you not get this needed service? (DO NOT READ LIST. RECORD ONE ANSWER ONLY)

Could not afford the cost.....01
Could not get an appointment with health professional.....02
No emergency available/emergency closed.....03
Had to wait too long; gave up.....04
I was not given the treatment I asked for.....05
Not available nearby/not convenient to get to.....06
Service not covered by health system.....07
No hospital bed available.....08
Lack of medical staff/too busy.....09
Medical staff incompetent/wrong diagnosis.....10
Cutbacks (general).....11
No health card.....12
Other (PLEASE SPECIFY).....13

Don't Know/No Response.....00

- d. Did this have any effect on you?

Yes.....1 (ASK e)
No.....2 (GO TO f)

No Response.....0 (GO TO f)

- e. What effect did this have on you? (DO NOT READ LIST. RECORD ONE ANSWER ONLY)

Physical pain/suffering/discomfort.....01
Emotional stress/anxiety/worry/depression/fear.....02
Got angry/upset/frustrated.....03
Health got worse/illness untreated/recovery delayed...04
Travelled/looked elsewhere for service.....05
Turned to family/others for support.....06
Treated self/refused to go back to hospital.....07
Inconvenience/disruptive/difficulty managing.....08
Affected employment (e.g. unable to work; missed work)
.....09
Financial impact
(e.g. had to pay; can't afford; lost wages).....10
Other (PLEASE SPECIFY).....11

No Response.....00

- f. What happened next? Did you: (READ)

Get the service you needed somewhere else.....1
Get a different service.....2
Get better on your own.....3
Get the service you needed at a later time.....4
Never receive the needed service.....5

Other (PLEASE SPECIFY) _____6

No Response0

10. Overall, how would you rate the QUALITY of health care services that are available in your community? Would you say...

Excellent1

Good2

Fair3

Poor4

Don't Know (VOLUNTEERED) ...5

No Response0

11. In general, how would you rate your knowledge of which health services are available to you?

Excellent1

Good2

Fair3

Poor4

Don't Know (VOLUNTEERED) ...5

No Response0

12. Do you think you need more information about which health services are available to you?

Yes1

No2

Don't Know (VOLUNTEERED) ...3

No Response0

13. Do you know where to go if you needed emergency medical services?

Yes1

No2

No Response0

14. (Question dropped following pre-test.)

15. In general, how would you rate your knowledge of the health system?

Excellent1

Good2

Fair3

Poor4

Don't Know (VOLUNTEERED) ...5

No Response0

THE NEXT QUESTIONS ARE ABOUT HEALTH CARE SERVICES YOU HAVE RECEIVED.

16. a. Have you personally received any health care services in the past 12 months?

Yes.....1 (ASK b)
No.....2 (GO TO 20)

No Response.....0 (GO TO 20)

- b. Overall, how would you rate the quality of care you personally have received in the past 12 months? Would you say it was:

Excellent.....1 (GO TO d)
Good.....2 (GO TO d)
Fair.....3 (ASK c)
Poor.....4 (ASK c)

Don't Know (VOLUNTEERED) ...5 (GO TO d)
No Response.....0 (GO TO d)

- c. Why do you say that the quality of health service you received was (fair/poor)? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Did not get the treatment I wanted.....
Had to wait too long.....
Lack of courtesy and respect.....
No time to ask questions/not allowed.....
Did not get better.....
Health got worse.....
Got incorrect information/treatment.....
Other (PLEASE SPECIFY).....
No Response.....
No other/Exit.....

- d. How did the health care services you received in the past 12 months affect your health? Would you say the results were:

Excellent.....1
Good.....2
Fair.....3
Poor.....4

Don't Know (VOLUNTEERED)5
No Response.....0

17. a. Did you ever want to make a complaint about health services you received during the past year?

Yes.....1 (ASK b)
No.....2 (GO TO 18)
No Response.....0 (GO TO 18)

- b. Have you made a complaint about any health service you received during the past year?

Yes.....1 (ASK c)
 No.....2 (GO TO e)
 No Response.....0 (GO TO 18)

- c. To whom did you complain? (DO NOT READ LIST. SELECT ALL THAT APPLY)

The person providing service.....
 My doctor.....
 The person in charge of the facility.....
 The regional health authority.....
 Professional group
 (e.g. College of Physicians & Surgeons)
 An appeals body
 (e.g. Health Services Review Committee)
 Alberta Health.....
 The government (MLA's; Minister; Premier).....
 My family, friends, or neighbours.....
 The media.....
 No one.....
 Don't remember.....
 No Response.....
 No other/Exit.....

IF RESPONSE IS YES TO ANY OF THE FIRST EIGHT ITEMS, THEN ASK d. IF RESPONSE IS "MY FAMILY, FRIENDS OR NEIGHBOURS", "THE MEDIA", OR "NO ONE", ASK e. IF RESPONSE IS "DON'T REMEMBER", OR "NO RESPONSE", GO TO 18.

- d. How satisfied were you with the response to your complaint?

Very Satisfied.....1 (GO TO 18)
 Satisfied.....2 (GO TO 18)
 Dissatisfied.....3 (GO TO 18)
 Very Dissatisfied.....4 (GO TO 18)
 No Response.....0 (GO TO 18)

- e. Why did you not make a complaint to someone in the health system? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Didn't know how to go about it.....
 Too much trouble.....
 My complaint was not important enough.....
 They wouldn't do anything about it anyway.....
 Afraid that complaining would make things worse.....
 There's no one to complain to.....
 Other (PLEASE SPECIFY)
 No Response.....

No other/Exit.....

18. When you receive health services, how much information do you usually get from the health care provider about: **(READ)**

- a. Your health. Would you say...

A Lot.....1
Some.....2
Very Little.....3
None.....4

No Response.....0

- b. *(How much information do you usually get from the health care provider about:)*

The health service offered to you. Would you say...

A Lot.....1
Some.....2
Very Little.....3
None.....4

No Response.....0

- c. *(How much information do you usually get from the health care provider about:)*

Possible alternative health services. Would you say...

A Lot.....1
Some.....2
Very Little.....3
None.....4

No Response.....0

- d. *(How much information do you usually get from the health care provider about:)*

The effects of the health service on you. Would you say...

A Lot.....1
Some.....2
Very Little.....3
None.....4

No Response.....0

19. In general, how involved were you in making the decisions about the health care services you received? Would you say you were involved:

A Lot.....1
 Some.....2
 A Little.....3
 Not at all.....4

 Don't Know (**VOLUNTEERED**) ...5
 No Response.....0

THE NEXT QUESTIONS ARE ABOUT OTHER HEALTH ISSUES.

20. At the present time, how would you rate the health system in Alberta on its ability to protect the privacy of a person's health records? Would you say...

Very Good.....1
 Good.....2
 Fair.....3
 Poor.....4

 Don't Know (**VOLUNTEERED**) ...5
 No Response.....0

21. a. In the past 6 months, have you received any health care support from a family member? A family member includes spouse/partner, parent, grandparent, sibling, child, or grandchild.

Yes.....1 (**ASK b**)
 No.....2 (**GO TO c**)

 No Response.....0 (**GO TO c**)

- b. What kind of help did you receive? (**DO NOT READ LIST. SELECT ALL THAT APPLY**)

Emotional/moral support/companionship/advice.....
 Home care/personal care.....
 Palliative care.....
 Household cleaning/cooking/grocery shopping/errands.....
 Child care.....
 Transportation.....
 Financial support/paid for supplies or medicine.....
 Other (**PLEASE SPECIFY**)

 No Response.....
 No other/Exit.....

- c. In the past 6 months, have you provided any health care support to a family member? (A family member includes spouse/partner, parent, grandparent, sibling, child, or grandchild.)

Yes 1 (ASK d)
No..... 2 (GO TO f)

No Response..... 0 (GO TO f)

- d. What kind of help did you provide? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Emotional/moral support/companionship/advice.....
Home care/personal care.....
Palliative care.....
Household cleaning/cooking/grocery shopping/errands.....
Child care.....
Transportation.....
Financial support/paid for supplies or medicine.....
Other (PLEASE SPECIFY)

No Response.....
No other/Exit.....

- e. How would you describe the effects of providing this support? Would you say that it was:

Not an inconvenience.....1
A minor inconvenience or disruption.....2
A major disruption of my normal activities.....3

No Response.....0

- f. In the past 6 months, have you paid to obtain health care support in the home, either for yourself or for a family member? (A family member includes spouse/partner, parent, grandparent, sibling, child, or grandchild.)

Yes 1 (ASK g)
No..... 2 (GO TO 22)

No Response..... 0 (GO TO 22)

- g. What type of health care support was involved? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Home care nurse/attendant.....
Housekeeper/cleaner/yard worker.....
Child care/postnatal services.....
Live-in companion.....
Medical supplies.....
Prescriptions/medications.....
Transportation.....

Ambulance/STARS.....
 Health professionals (e.g. physiotherapists).....
 Alternative therapies (e.g. acupuncture, chiropractor,
 homeopath, massage).....
 Counselling.....
 Financial support/pay premiums.....
 Other (**PLEASE SPECIFY**)

No Response.....
 No other/Exit.....

22. a. At this time, are you or a person living in your household waiting for a medical treatment, consultation, surgery, home care services, or long term care placement?

Yes1 (**ASK b**)
 No.....2 (**GO TO 23**)

No Response.....0 (**GO TO 23**)

- b. What are you (or the person in your household) waiting for?

Medical treatment/see doctor.....1
 Consultation/diagnosis/tests/see specialist.....2
 Surgery/cataract removal.....3
 Home care services.....4
 Long-term placement.....5
 Community rehabilitation services: physiotherapy,
 audiology, speech therapy.....6
 Dental treatment/surgery.....7
 Other (**PLEASE SPECIFY**)8

No Response.....0

- c. How long is an acceptable wait for this service?

_____ days

Press 88 to enter weeks.

Press 99 to enter months.

Don't Know.....997
 No Response.....998

23. Overall, how satisfied are you with the health system in Alberta? Would you say you are:

Very satisfied.....1
 Somewhat satisfied.....2
 Neither satisfied nor dissatisfied.....3
 Somewhat dissatisfied.....4
 Very dissatisfied.....5
 No Response.....0

24. How would you describe your own level of need for health services during the past year? Would you say low, moderate, or high?
- Low.....1
Moderate.....2
High.....3
- Don't Know (VOLUNTEERED) ...4
No Response.....0
25. Do you have a chronic health problem which requires regular health services?
- Yes.....1
No.....2
- No Response.....0
26. Now, think about the person living in your household, including yourself, who had the greatest need for health services during the past year. How would you describe this person's level of need? Would you say low, moderate, or high?
- Low.....1
Moderate.....2
High.....3
- Don't Know (VOLUNTEERED) ...4
No Response.....0
27. a. Are you registered in the Alberta Health Care Insurance Plan?
- Yes1 (GO TO 28)
No.....2 (ASK b)
- Don't Know (VOLUNTEERED) ...3 (ASK b)
No Response.....0 (GO TO 28)
- b. Are you covered by any health care insurance?
- Yes1
No.....2
- Don't Know (VOLUNTEERED) ...3
No Response.....0
28. Are you covered by any insurance for DENTAL services?
- Yes1 (ASK 29)
No.....2 (GO TO 30)
- Don't Know (VOLUNTEERED) ...3 (GO TO 31)
No Response.....0 (GO TO 31)

29. For each of the following sources of insurance for dental services, please tell me if it applies to you (and your family). Do you have...
- a. Dental coverage at a place of employment? (Partial or full)
- Yes1
No.....2
- Don't Know (VOLUNTEERED) ...3
No Response.....0
- b. (Do you have dental) Coverage through a government-funded plan or program?
- Yes1
No.....2
- Don't Know (VOLUNTEERED) ...3
No Response.....0
- c. (Do you have dental) Coverage through personal purchase?
- Yes1
No.....2
- Don't Know (VOLUNTEERED) ...3
No Response.....0
- d. (Do you have) Any other source of dental coverage?
- Yes1
No.....2
- Don't Know (VOLUNTEERED) ...3
No Response.....0

(IF ANSWER TO Q28 IS YES, THEN GO TO 31)

30. Why do you not have any insurance coverage for dental services?
(DO NOT READ LIST. SELECT ALL THAT APPLY)
- Not available to me.....
It's too costly.....
I have chosen not to purchase insurance.....
- Don't Know (VOLUNTEERED)
No Response.....
No Other/Exit.....

31. Are you covered by any insurance for PRESCRIPTION DRUGS?

Yes1 (ASK 32)
No.....2 (GO TO 33)

Don't Know (VOLUNTEERED) ...3 (GO TO 34)
No Response.....0 (GO TO 34)

32. For each of the following sources of insurance for prescription drugs, please tell me if it applies to you (and your family). Do you have...

a. Coverage for prescription drugs at a place of employment?
(Partial or full)

Yes1
No.....2

Don't Know (VOLUNTEERED) ...3
No Response.....0

b. (Do you have drug) Coverage through a government-funded plan or program?

Yes1
No.....2

Don't Know (VOLUNTEERED) ...3
No Response.....0

c. (Do you have drug) Coverage through personal purchase?

Yes1
No.....2

Don't Know (VOLUNTEERED) ...3
No Response.....0

d. (Do you have) Any other source of coverage for prescription drugs?

Yes1
No.....2

Don't Know (VOLUNTEERED) ...3
No Response.....0

(IF ANSWER TO Q31 IS YES, THEN GO TO 34)

33. Why do you not have any insurance coverage for prescription drugs?
(DO NOT READ LIST. SELECT ALL THAT APPLY)

Not available to me.....
 It's too costly.....
 I have chosen not to purchase insurance.....
 Don't Know (VOLUNTEERED)
 No Response.....
 No Other/Exit.....

THESE FINAL QUESTIONS WILL GIVE US A BETTER PICTURE OF THE PEOPLE WHO
TOOK PART IN THIS STUDY.

34. a. How many people normally live in your household?

_____ Total number of people including children

98 No Response

- b. How many of these are under 18 years of age?

_____ Number of children

98 No Response

35. What is the highest level of education you have attended or
completed? (DO NOT READ LIST)

No schooling.....01
 Some Elementary.....02
 Completed Elementary.....03
 Some Secondary.....04
 Completed Secondary.....05
 Some college, technical, or nurse's training.....06
 Completed college, technical, or nurse's training.....07
 Some University.....08
 Completed University.....09
 Other education or training
 (PLEASE SPECIFY).....10
 No Response.....00

36. What is the name of the Health Region in which you live? (DO NOT READ LIST. CODE THE ANSWER PROVIDED BY THE RESPONDENT, EVEN IF IT IS THE WRONG HEALTH REGION. THE NUMBER OF THE HEALTH REGION DOES NOT HAVE TO BE MENTIONED EXCEPT FOR HEALTH REGION 5)

Chinook Health Region 1.....01
 Palliser Health Region 2.....02
 Headwaters Health Region 3.....03
 Calgary Health Region 4.....04
 Health Region 5.....05
 David Thompson Health Region 6.....06
 East Central Health Region 7.....07
 WestView Health Region 8.....08
 Crossroads Health Region 9.....09
 Capital Health Region 10.....10
 Aspen Health Region 11.....11
 Lakeland Health Region 12.....12
 Mistahia Health Region 13.....13
 Peace Health Region 14.....14
 Keeweenok Lakes Health 15.....15
 Northern Lights Health Region 16.....16
 Northwestern Health Region 17.....17

 Don't Know/No Response/Incorrect Name.....18

37. What is your total household income before taxes last year? (IF NECESSARY, PROBE WITH CATEGORIES)

UNDER \$6000. .01	\$26000-27999. .12	\$60000-64999. .23
6000-7999 . . 02	28000-29999. .13	65000-69999. .24
8000-9999 . . 03	30000-31999. .14	70000-74999. .25
10000-11999. .04	32000-33999. .15	75000-79999. .26
12000-13999. .05	34000-35999. .16	80000-84999. .27
14000-15999. .06	36000-37999. .17	85000-89999. .28
16000-17999. .07	38000-39999. .18	90000-94999. .29
18000-19999. .08	40000-44999. .19	95000-99999. .30
20000-21999. .09	45000-49999. .20	100000+ . . . 31
22000-23999. .10	50000-54999. .21	Don't know . .32
24000-25999. .11	55000-59999. .22	No response. .00

38. What is your postal code?

1 Press 1 to open a window and enter the postal code. _____
 2 Don't know - Press 2 to open a window and ask:
 What is the name of your community? _____
 0 No Response

39. Finally, if you could change ONE thing in the health care system, what would it be?

We've reached the end of our questions and I'd like to thank you very much for your time and cooperation in doing this interview.

TO BE COMPLETED BY THE INTERVIEWER

1. Please record the length of the interview in minutes. _____

THUMBNAIL SKETCH

Briefly describe anything about the respondent or the interview situation that may seem important in interpreting the information given.

I declare that this interview was conducted in accordance with the interviewing and sampling instructions given by the Population Research Laboratory. I agree that the content of all respondent's responses will be kept confidential.

3. ENTER YOUR INTERVIEWER NUMBER _____
4. PLEASE GO THROUGH THE QUESTIONNAIRE AGAIN FOR YOUR FINAL EDIT BEFORE RECORDING IT AS A "COMPLETED INTERVIEW".
5. THIS IS THE END OF THE QUESTIONNAIRE!
PRESS "1" TO END.

THIS IS THE END OF THE SURVEY!

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